

Form 39.08

2022

Hfx. No. 513479

**SUPREME COURT OF NOVA SCOTIA**

**Between:**

**NOVA SCOTIA CIVIL LIBERTIES ASSOCIATION**

**Applicant**

**- and -**

**HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF NOVA SCOTIA,  
as represented by the Ministry of Municipal Affairs and Housing**

**Respondent**

**AFFIDAVIT OF BETHANY MCCORMICK**

I, Bethany McCormick, of Antigonish, Nova Scotia, make oath and give evidence as follows:

1. I am the Vice President of Operations, Northern Zone, with the Nova Scotia Health Authority (hereinafter the "NSHA").
2. I have personal knowledge of the evidence sworn to in this Affidavit except where otherwise stated to be based on information and belief.
3. I state, in this Affidavit, the source of any information that is not based on my own personal knowledge, and I state my belief of the source.
4. As Vice President of Operations for the Northern Zone I am responsible for clinical and operational leadership within the Northern Zone of the NSHA. The Northern Zone takes in Cumberland County, Pictou County and Colchester County.
5. I am aware of three separate occasions during the Provincial State of Emergency in relation to the COVID-19 virus, in which planned blockades of Highway 104 in the vicinity of the New Brunswick and Nova Scotia border by protestors resulted in, or threatened the disruption to, health care services and the movement of health care workers to and from work, which required me to coordinate the development and implementation of mitigation strategies to address adverse impacts and reduce risks to patients, staff, and physicians in response to these blockade events.
6. The three planned highway blockade events referenced in the previous paragraph in which I was engaged as VP of Operations for the Northern Zone occurred on June 23, 2021, and January 23, 2022, and January 29, 2022.

7. As VP of Operations for the Northern Zone, I was responsible for coordinating and planning responses, together with the Nova Scotia Health Authority (NSHA) team, to each of these planned blockade events, which included preparation for mitigation of adverse impacts on essential health services and the movement of health care workers in Cumberland County, due to these planned blockade events.
8. With respect to the January 23, 2022, and January 29, 2022, planned blockade events, I and other NSHA officials received notice of these planned blockade events through social media reports and from officials with the Department of Health and Wellness. However, with respect to the June 23, 2021, highway blockade, I was notified of this event by the site lead Health Services Director at the Cumberland Regional Health Care Centre in real time, as the blockade was occurring, and while the NSHA Team was managing the impacts to health care services and personnel being caused by the blockade.
9. For the January 23, 2022, and January 29, 2022, the NSHA team and I identified risks and impacts to health care services for which mitigation and management plans were required, in the following areas of concern: travel routes across the border; staffing, essential supplies management, development of an incident management approach; communications, safety, and patient care services. With respect to the June 23, 2021, blockade event, because of the lack of advance notice of this event, the NSHA Team and I responded in real time to these same areas of concern.

**Health Care Services within the Northern Zone/Cumberland County region.**

10. There is one regional hospital, the Cumberland Regional Health Care Centre (“CRHCC”) located within 10km approximately of the location of the NS-NB border area where the highway blockades had occurred or were intended to occur. This hospital provides essential health services in the form of emergency department, inpatient medical and surgical care, intensive care (ICU), surgery, ambulatory care clinics, diagnostic imaging, laboratory service including blood collection and specimen processing, rehabilitation (Physiotherapy and Occupational therapy), respiratory therapy, and more. There are 5 community hospitals located within 100 kms. These hospitals provide inpatient medical care, long term care services, urgent treatment centers, ambulatory care clinics, diagnostic imaging, laboratory service including blood collection, rehabilitation (Physiotherapy and Occupational therapy).
11. Approximately 549 employees are employed at Cumberland Regional Health Care Centre as of August 2022. On June 23rd, 2021, there were 55 inpatients in hospital, 52 emergency department visits, and 4 admissions from the emergency department. On January 23rd, 2022, there were 64 inpatients in hospital, 34 emergency department visits, and 1 admission from the emergency department. On January 29th, 2022, there were 69 inpatients in hospital, 20 emergency department visits, and 3 admissions from the emergency department.

**June 23, 2021, Highway Blockade**

12. The blockade of Highway 104 near the NB-NS border on June 23, 2021, resulted in disruption to essential health services, consisting of disruptions and delays in the movement

of critical health care staff and supplies to the Cumberland Regional Health Care Centre, and to surrounding hospitals, as well as disruptions, cancellation, and delays in scheduled medical appointments.

13. The disruptions and other adverse impacts caused to essential health services and staffing requirements due to the June 23, 2021, border blockade, of which I am aware personally, or of which I was advised about through discussions with Health Authority officials and hospital personnel and staff, are the following:
  - a. critical health care staff who reside in New Brunswick were prevented by protestors from crossing the border into Nova Scotia to go to work at the Cumberland Regional Health Care Centre, and were prevented from returning home after work, or were delayed at the border for hours. This impacted approximately 45 staff members within a 48-hour period and created staff shortages at the hospital.
  - b. Staff and physicians who approached and/or crossed the border reported emotional distress and negative impact from their experience.
  - c. Patients and families seeking care were delayed at the border.
  - d. Our information systems recorded at least 14 in-person appointments that were cancelled for people coming to the Regional Centre, this included 4 surgical procedures. The CRHCC offered only essential service on June 23rd, therefore it is known that additional outpatient appointments were delayed or missed.
  - e. Some appointments had to be transitioned from in-person to virtual options.
  - f. Critical supplies for diagnostic testing with expiry dates for use pending, were delayed at border for use at the IWK Health Centre in Halifax.
  - g. The Cumberland Regional Health Centre (CRHCC) reduced its services to essential services only on June 23, 2021, which the public was advised about by the NSHA through a public announcement on its website, a true copy of which is attached hereto as **Exhibit "A"**. Essential services means that only emergency services were being provided at the CRHCC on June 23, 2021. As indicated in the public announcement at Exhibit "A", the reason for the interruption in service was "due to a protest at the New Brunswick/Nova Scotia provincial border that is preventing some health care workers who reside in New Brunswick to report to work at CRHCC today".
14. To respond to the blockade event on June 23, 2021, NSHA leadership team within the CRHCC and I activated an Incident Management System Team response under the NSHA Emergency Preparedness "All Hazards Plan", a true copy of which is attached hereto as **Exhibit "B"**. The Incident Management System (IMS) is the framework adopted by the NSHA for preparing for, responding to, and recovering from a health incident or event.

15. An Incident Management Team was created under the IMS to respond to the June 23, 2021, highway blockade, which consisted of NSH Management officials (including myself), a medical leader (physician), several health service managers or directors, and an administrative assistant. Under the IMS Team response, NSHA officials took the following remedial measures during the blockade:
  - a. Hotel and meal arrangements were made for staff who were required to remain on NS side of border and not able to return home.
  - b. Leaders completed media briefings and issued public service announcements notifying that the hospital was operating for essential services only.
  - c. Service and staffing levels for upcoming business days were reviewed, and contingency plans developed, to plan for the staffing shortages caused by the border blockade.
16. I attach hereto as **Exhibit "C"** to this my affidavit a true copy of the NSHA Incident Management Team Situation Report, prepared by Site Administrative Assistant Angela Sangster. This Situation Report was prepared for members of the Incident Management Team, including myself, at the time in relation to the planned blockade event for June 23, 2021, and describes the current situation as it existed at the time the blockade event was occurring, and the issues and challenges at the time which were being encountered due to the blockade event.
17. On June 23, 2021, the incident management response began at approximately 6am and continued until the Blockade was resolved. This required a minimum of 5-6 incident team members (i.e., IMT leader, Operations lead, emergency preparedness, planning / logistics lead, communications lead, and scribe) to be actively focused on incident management for an approximately an 8-hour period. Additionally, the medical site leader, zone medical executive director, multiple site operations service managers, media relations teams, and multiple zone directors participated in planning and response activities for multiple hours on June 23rd. By focusing time and attention on the IMT response the leaders and staff were not able to continue with regularly planned operational and strategic activities.
18. At the time of the June 23, 2021 highway blockade, I gave media briefings on the adverse impacts the blockade was having on the delivery of health care services, as a result of health care workers and patients being blocked or delayed at the border and along the highway; the resulting staff shortages requiring CRHCC to only be able to provide emergency services, the cancellation of patient appointments, and delays in delivery of critical supplies for diagnostic test due to the border blockade. Some of my comments on the impacts of the blockade were reported by the CBC in the news article attached hereto as **Exhibit "D"**.



### January 23, 2022 Highway Blockade

19. I attach hereto as **Exhibit “E”** to this my affidavit a chronological timeline of the activities and measures undertaken in the Northern Zone by myself and the NSHA Team in preparation and in response to the planned blockade on January 23, 2022.
20. I, along with other NSHA officials were notified by Department of Health and Wellness officials of a planned protest blockade of highway 104 at the NS-NB border on January 23, 2022, approximately one week before its occurrence.
21. As a result of this notification and drawing on my experiences in responding to the impacts on essential health services caused by the previous blockade incident on June 23, 2021, I initiated notifications to NSHA officials within the area of the anticipated blockade event and commenced planning with the NSH leadership team for the mitigation of anticipated adverse impacts and disruptions to essential health services.
22. As part of this planning process, I ensured that the NSHA leadership team participated in discussions with various stakeholders and partners including EHS, Emergency Management Office (EMO), RCMP, Department of Justice and DHW to address mitigation measures for anticipated disruption to essential health services. As noted previously in this my affidavit, the issues of potential disruption to health services caused in relation to the January 23, 2022, blockade, identified for mitigation planning by the NSHA team and me, were in the following areas:
  - a. Travel routes across the border
  - b. Staffing levels
  - c. Essential supply levels and delivery
  - d. Communications
  - e. Safety
  - f. Patient Care Services
23. In response to the anticipated blockade on January 23, 2022, in the week preceding the planned blockade, the NSHA Team and I, in conjunction with emergency preparedness teams activated an Incident Management System (IMS) Team response to the planned blockade. The purpose of the Incident Management System Team response was to support staff, physicians, and patients with the impacts of anticipated disruptions caused by the blockade, and to ensure planning occurred to support health service delivery and health care worker staffing in response to these disruptions. Under the IMS, an Incident Management Team consisting of various NSHA management officials, including myself, was created to meet during the planned blockade for the purpose of coordinating the incident response.

24. I attach hereto as **Exhibit "F"** to this my affidavit a true copy of the NSHA Incident Management Team Situation Report, prepared by Christopher Dunkley, Emergency Preparedness Manager. This Situation Report was prepared for members of the Incident Management Team, including myself, at the time in relation to the planned blockade event for January 23, 2022, and describes the current situation as it existed at the time the blockade event was occurring, and the issues and challenges at the time which were being encountered due to the blockade event.
25. During the week preceding the January 23, 2022, planned blockade event, the NSHA team and I dedicated multiple hours per day preparing for the incident, which thereby reduced our time available to direct, oversee and advance regular health services and oversee the COVID-19 pandemic response.
26. Under the Incident Management Team response (a) a schedule was created to have additional leadership on-site during the blockade period, since the blockade was to occur on a weekend; (b) an incident management team was established to meet during the incident period to coordinate the incident response, and (c) a NSH incident management lead was named to serve as the point of contact during the blockade with NSH, RCMP, EMO and other partners.
27. In the week leading up to the planned blockade event, I was involved in coordinating the planning response of the NSHA leadership team in the above noted areas of anticipated disruptions to essential health services and staffing, which included the following:

**Travel routes across border:**

- a. Preferred travel routes across border were confirmed with RCMP and EMO for safe travel across border; verified specific routes, timing, or identifications requirements for staff and physicians, and communicated this information to all impacted staff and physicians. CRHCC site remained in contact with RCMP and EMO during the incident in case the situation changes.

**Staffing:**

- b. Leaders verified the specific staff and physicians scheduled for work. Those who live in NB were offered accommodations in NS before and after shift. Booked hotel spaces - cost covered by Nova Scotia Health. In some instances, changes were made to the personnel scheduled to work to include more staff and physicians who lived on the Nova Scotia side of the border.
- c. Checked on call schedules for physicians, to ensure access to site for on-call physicians was planned.
- d. Created a list of all staff and physicians who may need to cross border to come to/from work. Provided list to RCMP in advance.

- e. Developed a back-up plan in the event of sick calls, or an inability of staff or physicians to arrive to the site.

**Supplies:**

- f. Verified supply levels, including review of all essential supply to determine if levels were appropriate to last through incident. Ensured no critical deliveries were anticipated during blockade period. Rescheduled delivery of supply as needed to occur outside the blockade period. Stocked up on supplies in advance as required.

**Communications:**

- g. Northern Zone leadership communicated with, and connected with staff and physicians on personal levels, through emails, and memos to convey relevant information in advance of the planned blockade. Communications team initiated media monitoring in advance and during the incident.

**Safety:**

- h. Information was shared with staff and physicians about where to best cross the border, and that an on-site leader would be present on January 23rd.
- i. Levels of security in the Cumberland Regional Health Care Centre, and community locations were assessed, and elevated as appropriate.
- j. Staff were reminded of the availability of Employee and Family Assistance program should support be desired or needed due to the stress of the situation.

**Patient Care Services:**

- k. Teams assessed the patient appointments and procedures scheduled during the anticipated blockade period. High priority appointments were rescheduled (if possible) to occur prior to the scheduled blockade period.
- l. Patients who required transport across the Border for health services were rescheduled where possible. It is common for patients from Nova Scotia to be transferred to New Brunswick for such treatments as cardiac care, neurological care, and renal care.
- m. Nova Scotia Health ensured communications with EHS were clearly established in advance of the blockade and during the incident to prioritize transportation of patients and ambulance offloads.
- n. An evaluation of the COVID-19 testing centers and vaccination clinics scheduled on the day of the blockade was completed. It was determined that services would continue as scheduled; however, security was enhanced, and staffing plans reviewed.

### January 29, 2022, Planned Highway Blockade

28. I was advised by officials with the Department of Health and Wellness and do verily believe that a complete shutdown of Nova Scotia provincial Highway 104 (hereinafter, "Highway 104") at or near the New Brunswick and Nova Scotia provincial boarder was planned to occur on January 29, 2022. I was advised of this planned blockade approximately one (1) week prior to its scheduled occurrence.
29. I was advised by officials with the Department of Health and Wellness and do verily believe that the circumstances pertaining to the planned shutdown intended to occur on January 29, 2022, included:
 

Operators of motor vehicles will block the section of Highway 104 accessible to motor vehicle traffic near the New Brunswick and Nova Scotia provincial boarder by parking, standing, or otherwise rendering their motor vehicles immobile while on Highway 104 at or near the New Brunswick and Nova Scotia provincial boarder for an undisclosed period of time.
30. As a result of being advised about the planned highway blockade scheduled for January 29, 2022, and drawing on my experiences from the previous blockade events which occurred on June 23, 2021 and January 23, 2022, I initiated notifications to health officials and officers in the Northern Zone and engaged our NSHA team in planning discussions with other relevant government departments and offices, including the Emergency Management Office (EMO), Emergency Health Services (EHS), the Department of Justice and law enforcement, amongst others, for the purpose of addressing the anticipated disruptions to health care services, and the movement of health care workers to and from health care facilities
31. I attach hereto as **Exhibit "G"** to this my affidavit a timeline and summary of the activities and measures undertaken in the Northern Zone by myself and the NSHA Team in preparation and in response to the planned blockades on January 29, 2022.
32. As noted in the attached timeline at Exhibit "G", the NSHA leadership team and I undertook similar steps to mitigate risks and develop plans in the same areas of concern of disruption for the delivery of health care services, as had been taken with the January 23, 2022, blockade event.
33. As with the previous planned blockade event on January 23, 2022, in the week preceding the blockade, the NSHA Team and I, in conjunction with emergency preparedness teams activated an Incident Management System (IMS) response to the planned blockade on January 29, 2022. As with the previous blockade events, under the IMS an Incident Management Team consisting of various NSHA management officials, including myself, was created to meet during the January 29, 2022, planned highway blockade for the purpose of coordinating the incident response.

34. I attach hereto as **Exhibit "H"** to this my affidavit a true copy of the NSHA Incident Management Team Situation Report, prepared by Christopher Dunkley, Emergency Preparedness Manager. This Situation Report was prepared for members of the Incident Management Team, including myself, at the time in relation to the planned blockade event for January 29, 2022, and describes the current situation as it existed at the time the blockade event was occurring, and the issues and challenges at the time which were being encountered due to the blockade event.
35. As with the previous blockade events, a main concern for NSHA management was the potential interference from the blockade of Highway 104 to health care workers, support staff, and physicians who live in New Brunswick and work at hospitals in the Northern Zone being able to travel to work, the disruption to health care services this would cause, and the potential interference with patients travelling to hospitals in the Northern Zone for treatments.
36. To mitigate these potential disruptions, the NSHA Team and I adjusted schedules such that more health care staffs and physicians who live on the Nova Scotia side of the border were scheduled for work during the anticipated incident. As well, on-call physicians were pre-positioned on the Nova Scotia side of border, and hotel rooms, or the onsite on-call room was offered to physicians.
37. I was advised by Department of Health and Wellness officials, and do verily believe, that a concern for DHW was the gathering of significant populations at the border blockade, the potential this could have in spreading COVID-19, and the increased burden additional cases of COVID-19 would have on an already stressed health care system.
38. During the week preceding the January 29, 2022, blockade event, the NSHA team and I dedicated multiple hours per day preparing for the incident, thereby reducing our time available to direct, oversee and advance regular health services and oversee the COVID-19 pandemic response.
39. I recall that on the day of the planned blockade on January 29, 2022, a snowstorm in the Cumberland County areas, with blowing snow and low visibility, resulted in sections of Highway 104 being closed to traffic because of dangerous driving conditions. I recall that a small number of vehicles / trucks were reported to be gathered in Aulac, New Brunswick, the planned meeting point. But to my knowledge, because of the inclement weather, the January 29, 2022, blockade event did not take place.
40. Based on my experiences in dealing with each of these planned blockade events, each of these events had adverse impacts on the delivery of health services in the Northern Zone either through actual disruptions in health care services, or in the diversion of personnel, resources, and time to plan for and respond to potential impacts through the implementation of various mitigation measures. As a result, the effect of these planned blockade events was to detrimentally impact, or to put at risk, the health and safety of patients through both the disruption and threatened disruption to health care service delivery in the Northern Zone due to each blockade event.

41. For each of the planned blockade events referred to in this my affidavit, the activation of the IMS approach required dedicated time and attention from NSHA leaders to plan, mitigate and organize resources and staff related to these planned blockade events. Concurrently, NSHA was planning and responding to the evolving COVID-19 pandemic situation. This meant that NSHA leaders had their focus divided across two concurrent incidents (Blockades and COVID-19 Pandemic), thereby, increasing the burden on leaders, staff, physicians, and health care resources, and creating challenging conditions for the delivery of safe, high-quality care.
42. Based on my experiences and information received in responding to the planned highway blockade events referred to in my evidence, the planned Highway 104 blockade events in question threatened access to, and delivery of health care services in the Northern Zone region, and the measures implemented by NSHA officials were necessary responses to the highway blockade events to mitigate the effects of the blockades on (i) health care worker staffing levels; (ii) access for emergency vehicles transporting patients in need of acute care due to COVID-19, the Coronavirus Omicron variant, or other non-COVID related conditions; and (iii) access for patients in need of emergency hospital care.

Sworn to before me on the \_\_\_\_ day of  
November 2022, at the City of Halifax,  
in the Province of Nova Scotia.

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**MARK RIEKSTS**  
A Barrister of the Supreme  
Court of Nova Scotia

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**BETHANY MCCORMICK**

2022

Hfx No. 513479

This is Exhibit "A" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_ day of November 2022.

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Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia

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# Emergency services only at Cumberland Regional Health Care Centre today

Wednesday, June 23, 2021 - 08:53AM

Nova Scotia Health is advising the public that Cumberland Regional Health Care Centre (CRHCC) in Amherst will be providing essential services only today.

Patients with appointments for ambulatory services (blood collection, diagnostic imaging and clinics) are advised to call the hospital (902-667-3361) to confirm if the appointment will go ahead.

The Emergency Department remains open to care for patients needing urgent and emergency care.

This temporary interruption in service is due to a protest at the New Brunswick/Nova Scotia provincial border that is preventing some health care workers who reside in New Brunswick to report to work at CRHCC today.

We apologize to our patients and families for this inconvenience.

- 30 -

## Hiring all nurses!

Apply today to the many vacant NP, RN, LPN positions across all programs and locations.

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## Online Clinic Registration

For kiosk registration, online check-in is available up to 30 minutes prior to your appointment time.

[See Online Check-in](#)

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## Where to go for health care

Your primary care provider (doctor or nurse practitioner) is where most of your health issues can and should be addressed. However, there are times when you may not be able to see your primary care provider and you require urgent treatment. You may also not have a primary care provider.

[Learn More](#)

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## COVID-19 Testing

Find information about COVID-19 testing in Nova Scotia.

[Learn More](#)

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## Access your PCR COVID test results online

You can access your PCR COVID test results online.

[See Results](#)

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## Coronavirus Resources

Find up-to-date resources for living with COVID-19 in Nova Scotia.

[View](#)

# Questions about COVID-19 and public health?

Call toll-free 1-800-430-9557

## COVID 19 Vaccine Clinic Booking

Nova Scotians that meet current age requirements can now book a vaccine clinic appointment online

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## Temporary Closure Information

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AACSB  
ACCREDITED

2022

Hfx No. 513479

This is Exhibit "B" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_ day of November 2022.

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Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia



# ALL-HAZARDS PLAN

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## DOCUMENT HISTORY

| Version | Author                 | Date       | Description of Changes  |
|---------|------------------------|------------|-------------------------|
| 1.0     | Emergency Preparedness | 24.11.2019 | Original Draft Document |
| 1.1     | Emergency Preparedness | 19.10.2020 | Final Document          |
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## PREFACE

Nova Scotia Health provides health services to Nova Scotians and some specialized services to Maritimers and Atlantic Canadians. Nova Scotia Health operates hospitals, health centres and community-based programs across the province. Nova Scotia Health's team of health professionals includes employees, physicians, learners and volunteers who provide the health care or services that the public may need. In addition, Nova Scotia Health also responds to public health and health care impacts resulting from a variety of incidents or events. Nova Scotia Health has adopted an all hazards approach for its operational response to and recovery from incidents and events and to ensure the continuation of priority services with minimal disruption. This plan captures the steps Nova Scotia Health will take to maintain its priority services to respond to all types of incidents or events.

Incidents and events, at times, generate confusion with respect to roles and responsibilities. By means of this *All-Hazards Plan*, needless duplication of effort or waste of resources will be minimized. The Plan incorporates industry standards, best practices, Nova Scotia Health's Incident Management System (IMS) and identified risks. For the purpose of this document The Plan will refer to the *All-Hazards Plan*.

For the purpose of this plan, an incident (also referred to as emergencies or disasters) is an occurrence, natural or manmade, that requires a prompt coordination of actions concerning persons or property to protect the health, safety or welfare of people, or to limit damage to property or the environment. An event is a planned, non-emergency activity, which is known about in advance but also impacts normal operations. The biggest difference in incidents versus events is the time to execute the planning and response.

The organization recognizes the importance of all levels of government, the private sector, and non-governmental organizations working together to prepare for, prevent, respond to, and recover from incidents that exceed the capacity or capabilities of any single or multiple entities.

The Plan demonstrates our commitment to ensure the health, safety and economic well-being of Nova Scotia Health by providing guidance and direction in an incident or event that impacts the organization ability to deliver service.

One of the fundamental principles of The Plan is that responses are appropriate in terms of size and scope for the specific incident or event that is occurring. The information outlined in The Plan is intended to be a resource to Nova Scotia Health leadership and to those who have a role in developing emergency preparedness plans. It is essential to note that there are several supports and essential components in the broader emergency preparedness system. Some of these include site specific *All-Hazards Plans*, *Nova Scotia Health Emergency Preparedness Policy*, external partners and agencies, And Nova Scotia Health Emergency Preparedness intranet site. It is essential that none of these is considered in isolation.

The Plan addresses the general response operations Nova Scotia Health would undertake in any incident or event. For more information on Nova Scotia Health Emergency Preparedness program, please refer to the [Nova Scotia Health Emergency Preparedness intranet site](#).

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## RELATIONSHIP TO SITE ALL-HAZARDS PLANS

The Plan is the all-hazards plan for a coordinated Nova Scotia Health response to all incidents and events. In most cases, Nova Scotia Health sites will manage incidents or events with site all-hazards plans based on their own local resources. The Plan does not replace, but should be read in conjunction with or as complimentary to, site specific all-hazards plans.

The Plan ensures that Nova Scotia Health is, and will continue to be, an organization that is prepared for the safety and protection of patients, employees, physicians, learners and volunteers.

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## SECTION 1 GENERAL INFORMATION

### Plan Authority

The Plan is issued under the authority of Nova Scotia Health Policy and Procedure: Emergency Preparedness AD-EP-010, approved by the Nova Scotia Health Executive Leadership Team.

### Partnerships and Provincial Acts

Nova Scotia Health's Emergency Preparedness program is a corporate program. This program is responsible for leading and supporting incident and event management activities throughout the organization. The program works in collaboration with internal and external partners and agencies to ensure the effective delivery of incident management capabilities.

Relationships and interoperability are important to Nova Scotia Health. The organization works closely with external partners, including but not limited to the IWK Health Centre, Emergency Health Services, Police and Fire Departments, Nova Scotia Emergency Management Office, Nova Scotia Department of Health and Wellness – Health Services Emergency Management branch, and Non-Governmental Organization partners. Nova Scotia Health seeks to integrate its emergency preparedness initiatives with those of municipal governments, provincial departments and other relevant agencies to ensure the health sector can contribute to and support the overall incident management activities of a community.

On April 1, 2015, Nova Scotia launched the Nova Scotia Health Authority, a new health system structure to create a foundation for better health and health care. Health Authorities Act, Chapter 32 of the acts of 2014 (Royal Assent, October 3, 2014).

The Nova Scotia Hospital Regulations Section 17 states that a health authority must develop plans for internal and external emergencies arising within the health authority, a management zone or a hospital building. Hospitals Act R.S.N.S. 1989, c. 208.

The Nova Scotia Department of Health and Wellness Health Services Emergency Management focuses on the provincial health system's preparedness to cope with local or provincial emergencies, including a national or international health disaster. Emergency Health Service Regulations made under Section 25 of the Emergency Management Act S.N.S. 1990, c. 8 O.I.C. 70-635 (July 6, 1970), N.S. Reg. 18/70.

Emergency Management Office of Nova Scotia helps to ensure the safety and security of Nova Scotians, their property and the environment by providing for a prompt and coordinated response to an emergency. Emergency Management Act, Chapter 8 of the Acts of 1990.

The Nova Scotia Department of Health and Wellness Public Health's Chief Medical Officer and team work with a wide variety of partners to address the complex issues that negatively affect people's health. Health Protection Act, Chapter 4 of the acts of 2004.

## Zone Emergency Preparedness Committees

Nova Scotia Health Emergency Preparedness committees are an integral component of the overall Emergency Preparedness program and of the broader Quality and System Performance structure. The zone emergency preparedness committees have the authority to approve site and program based plans within the zone to ensure that they align with the Nova Scotia Health Emergency Preparedness program and *All-Hazards Plan*.

## Trans-Jurisdictional Systems

Nova Scotia Health's Emergency Preparedness program develops policies, procedures, site response plans and quick guides that:

- Internally link Nova Scotia Health services, programs and sites at the zone and the senior Nova Scotia Health levels.
- Externally link Nova Scotia Health with Department of Health and Wellness to support Federal, Provincial or Territorial levels of health provision, and other external sectors and partners such as local levels of government, First Nations Communities, first responders, the private sector (both business and industry), volunteer and non-government organizations and academia.

## Phases of Emergency Preparedness

Nova Scotia Health sites and services are interwoven with the communities served. Incidents or events that have a negative impact on Nova Scotia Health can affect the community and vice versa. Nova Scotia Health employees, physicians, learners and volunteers need to be ready to respond and recover quickly from events that affect sites and service delivery.

The goal of Emergency Preparedness is to ensure that Nova Scotia Health is prepared for, can respond to and recover from an incident or event that may threaten life, property, operations or the environment. Incident management refers to the management of incidents concerning all hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery.

Figure 1 highlights the four interdependent risk-based phases of emergency management: Prevention and Mitigation, Preparedness, Response, and Recovery.



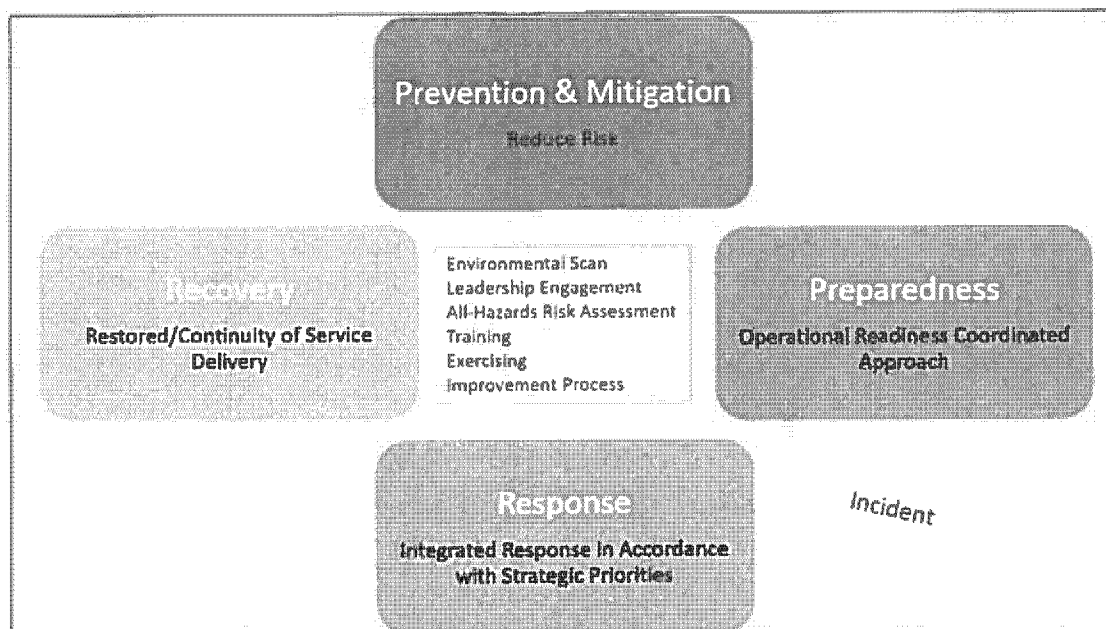


Figure 1: Four phases of Emergency Management

These phases can be undertaken sequentially or concurrently, and they are not independent of each other. The inner square includes elements that influence the development of the *All-Hazards Plan*.

The Plan is a living document that is continuously improved and adjusted, as lessons learned through responses, exercises or a changing risk environment are integrated.

## The Plan

The *All-Hazards Plan* establishes the framework to ensure Nova Scotia Health as a whole is prepared to deal with incidents or events that may affect the ability to continue normal service delivery. It is the methodology through which Nova Scotia Health will mobilize its resources in response to an incident or event, thereby restoring Nova Scotia Health to a state of normalcy.

Additionally, The Plan makes provisions for the earliest possible coordinated response to an incident or event, an understanding of the personnel and resources available to Nova Scotia Health, and recognition that additional expertise and resources can be called upon if required.

The Plan in itself cannot guarantee an efficient, effective response to an incident or event. It must be utilized as a guide to assist Nova Scotia Health employees, physicians, learners, volunteers and services in their incident or event response activities.

The Plan provides the authority and guidance to Nova Scotia Health's employees, physicians, learners and volunteers, to ensure a well-managed response to incidents or events that impact the normal operations and service delivery of Nova Scotia Health.

### *The All-Hazards Plan:*

- Provides overall strategy for Nova Scotia Health's incident or event prevention and mitigation, preparedness, response and recovery measures;
- Identifies key priorities and actions to be undertaken in preparing for and responding to an incident or event, and
- Provides an overview of Nova Scotia Health's Incident Management System and reporting structure.

The Plan is supported by Nova Scotia Health documents, manuals as well as site and program specific plans and guides which outline detailed strategies and procedures for carrying out response efforts. Refer to the Nova Scotia Health All Hazards Plans Framework document.

## Business Continuity

Business Continuity refers to the capability of an organization to continue to deliver services at acceptable predefined levels of functionality during and following disruptive incidents. Nova Scotia Health implements emergency preparedness management programs, policies and plans that are sustainable and provide the organization with the capability to mitigate, respond and recover effectively to a broad range of service disruptions. The All Hazards Plan is an essential component of our organization-wide business continuity strategy. The Plan helps to ensure capabilities and response structures are in place to ensure our essential and critical functions continue to perform during disruption of normal operations.

The Plan is based on an All-Hazards approach and is integrated with our business continuity processes as well as our organizational Enterprise Risk Management strategies to ensure we continue to build organizational resilience. This positions us to efficiently adapt to disturbances and to maintain critical operations during and following an incident or event.

## Purpose

The aim of The Plan is to provide the processes within which arrangements and measures can be taken to protect the health, safety, and welfare of the patients, employees, physicians, learners, volunteers and visitors of Nova Scotia Health when faced with an incident or event.

The Plan enhances the efforts of Nova Scotia Health's sites, departments and programs for a comprehensive and effective approach for responding to and reducing the incident or event's impacts to Nova Scotia Health's normal operations and service delivery. It is intended to increase the response capability of Nova Scotia Health by establishing a plan of action to efficiently and effectively respond to incidents or events.

## Scope

An incident may result from an existing hazard or it may be a threat of an impending event abnormally affecting the health, welfare and safety of people and/or the property. Its nature and magnitude requires a controlled and coordinated response.

There are three major categories of hazards (figure 2) that may pose a threat to Nova Scotia Health.

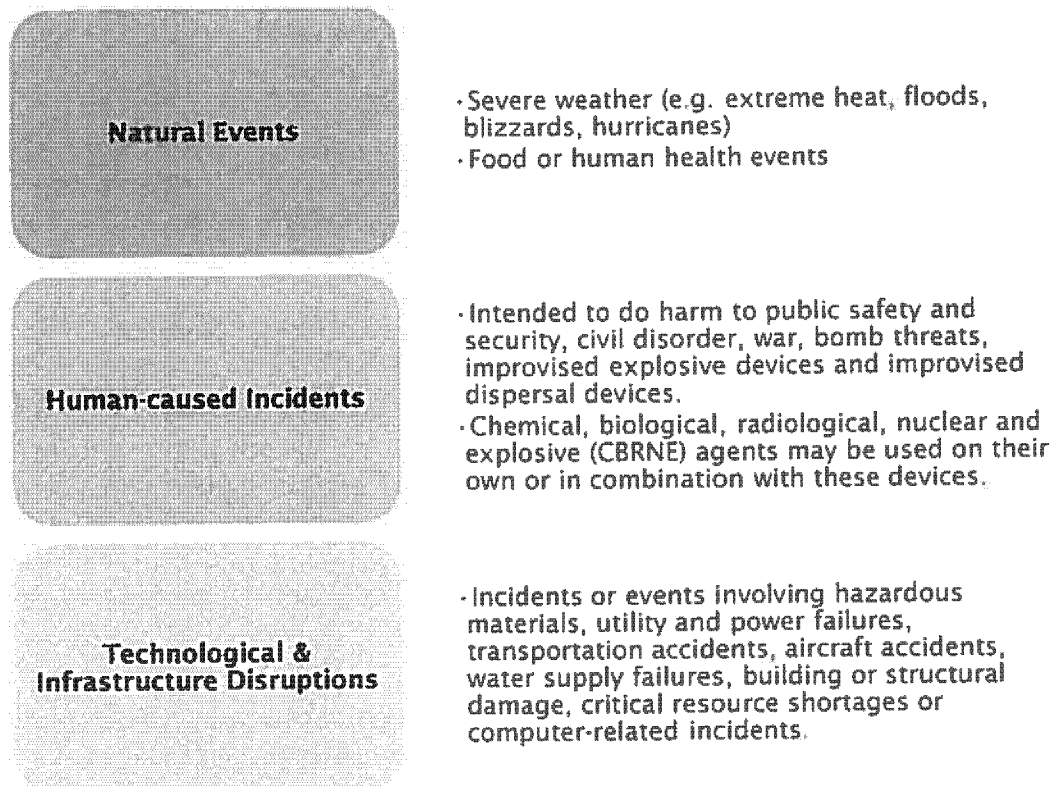


Figure 2: Major Categories of Hazards

## Assumptions

This plan is based on the following assumptions:

- Nova Scotia Health employees, physicians, learners and volunteers, in accordance with their role, are familiar with the *All-Hazards Plan*, will attend the required training, and will carry out their assigned responsibilities.
- Nova Scotia Health employees, physicians, learners and volunteers recognize the importance of the need for personal preparedness to support their families.
- During an incident or event, Nova Scotia Health resources may be overwhelmed, resulting in resources being assessed, addressed and prioritized.
- Assisting and cooperating agencies and departments will develop necessary plans or procedures for the delivery of their assigned incident or event response and recovery responsibilities.
- This plan is a living document that will be reviewed and updated regularly to reflect required changes based on lessons learned from past incidents, events and exercises as well as to reflect changes in threats or level of risk.

## Personal Preparedness

Incidents can occur in just a few seconds. Personal preparedness lessens the impact on families, on workplaces and on communities. Nova Scotia Health sites and programs play a particularly important role during community incidents or events.

Nova Scotia Health cares about its employees, physicians, learners and volunteers and recognizes that personal preparedness best positions all for success. Preparedness starts at home. It is important to ensure that the entire family is prepared and informed in the event of an incident. If an incident happens in your community, you may need to plan for prolonged power and/or water outages, in addition to other impacts. Individuals and families should have plans in place to be self-sufficient for at least 72 hours.

For information and links to additional resources on home and vehicle emergency kits and how to be prepared, reference the [Nova Scotia Health Emergency Preparedness](#) intranet site.

## Training and Exercises

Conducting well-planned, well-executed exercises allows Nova Scotia Health to develop proficiency and confidence, identify its operational and resource shortfalls, and test its capabilities, plans and procedures. Validation is an important aspect of the planning process and experience shows that exercises are a practical, efficient, and cost-effective way to test the plans. Exercising the plans is a valuable way to assess the effectiveness of the training program.

There are many reasons for holding exercises, but the most important is to make sure that Nova Scotia Health employees, physicians, learners and volunteers are as ready as possible for any incident, no matter how severe or unexpected. Exercises provide participants with an opportunity to practice plans and responses, helping to increase comfort and familiarity with expectations, roles and processes.

The Nova Scotia Health Emergency Preparedness Exercise Program was created to assist Nova Scotia Health sites, departments and programs to design and implement emergency preparedness exercises. The program enhances and supports this plan's concepts of prevention, response, and recovery capabilities through the recommended routine practice of comprehensive incident and event management scenarios intended to reduce risks and protect lives, regardless of the specific incident or event.

Nova Scotia Health sites participate in exercises to help prepare for and respond to a variety of incidents that may impact our ability to deliver service at any level. Utilizing the [Emergency Exercise Program Guide](#) in Nova Scotia Health exercises provides consistent terminology that can be used by all internal and external exercise planners, regardless of the nature and composition of their sponsoring agency or organization. It reflects lessons learned and best practices of existing exercise programs and can be adapted to a variety of scenarios within Nova Scotia Health.

## Nova Scotia Health Management On-Call

Nova Scotia Health utilizes a Management On-Call System that is aligned with and supports The Plan. This system includes having a designated zone/geographic leader available and reachable 24 hours a day, 7 days a week. Those that participate in the Management On-Call System are an essential component of the broader Nova Scotia

Health emergency notification system that links through to Nova Scotia Health Duty Officer and in to the provincial Department of Health and Wellness (DHW) Duty Officer System.

There is one Nova Scotia Health Duty Officer within the Management On-Call System; that officially communicates directly with Department of Health and Wellness on behalf of Nova Scotia Health.

During an incident or event, the Management On-Call System ensures an appropriate and timely notification of others throughout Nova Scotia Health. The system is also a means of activating the required resources to effectively respond to an incident or event that could affect the provincial health system or require actions to protect the health of communities.

## Corporate Communications

Nova Scotia Health's *Disaster Communications Strategy & Toolkit* is a companion document to this Plan and supports the all hazards response for various levels and types of incidents and events.

The Public Engagement and Communications strategy adapts to the situation, is flexible and maintains a presence whether on site, remotely or virtually to ensure communication support is available where needed.

## Plan Maintenance

### Updates, Additions and Modifications

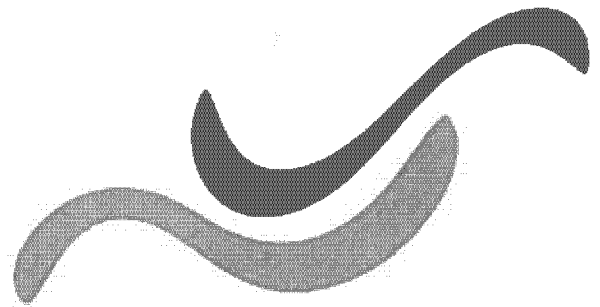
An annual review of The Plan will be conducted to ensure that the content information remains valid and current.

Every three years, a comprehensive review of The Plan shall occur, including, as a minimum, changes to the concept of operations to reflect lessons learned from exercises, response to actual emergencies or any other changes noted.

In addition to the scheduled review, The Plan will be updated based on learnings from incident or event after action reports or any incorporation of new relevant standards and/or legislation.

With the assistance of Nova Scotia Health Emergency Preparedness, Nova Scotia Health leaders are responsible for ensuring that their employees, physicians, learners and volunteers are advised of the updates and that The Plan is reviewed on a regular basis as applicable.

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## SECTION 2 NOVA SCOTIA HEALTH INCIDENT MANAGEMENT SYSTEM

### Incident Management System

Nova Scotia Health has adopted the Incident Management System (IMS) as the framework for preparing for, responding to and recovering from an incident or event. Nova Scotia Health's IMS is a method designed to ensure a clear establishment of command and control during an incident or event. Our priorities focus on life safety, minimizing harm, incident stabilization, property preservation and continuity of operations. IMS allows for rapid decision making, while using available resources in the most effective and efficient manner when responding to incidents or events. This approach aligns with Nova Scotia Health's strategic plan, *Healthier Together*.

Nova Scotia Health's Incident Management System is based on the Hospital Incident Command System (a methodology for using the Incident Command System [ICS] in a hospital/health care environment) which assists hospitals to improve their incident or event management planning, response, and recovery capabilities. Some of the modifications include changes in language (e.g. Incident Management Team Lead vs Incident Commander) and to the consideration of multi-agency responses.

### Supporting Structures and Processes

One of the fundamental principles of Nova Scotia Health's Incident Management System is that responses are appropriate in terms of size and scope for the specific incident or event that is occurring. The information outlined in this document is intended to be a resource to employees, physicians, learners and volunteers. It is essential to note that there are several supports and essential components in the broader incident or event management system. Some of these include site specific plans, *Nova Scotia Health Emergency Preparedness Policy*, external partners and agencies, and Nova Scotia Health's Emergency Preparedness intranet site. It is essential that none of these is considered in isolation. One critical component that is addressed in a separate document is Nova Scotia Health's Management On-Call System.

Nova Scotia Health's Management On-Call Manual (available to those who participate in the Management On-Call Rotation) outlines the following responsibilities and processes for the on-call system:

- external notification to the Department of Health and Wellness Duty Officer by the Nova Scotia Health Duty Officer
- internal notification of Nova Scotia Health's Duty Officer
- notification of zone or geographic Management On-Call
- activating resources that are scalable in size and scope, to effectively respond to an incident or event that could affect the provincial health care system or require actions to protect the health of communities
- notification of Communications and Public Engagement

## Key features of Nova Scotia Health's IMS

Table 1: Key Features of Nova Scotia Health's Incident Management System

| Key Feature                         | Description                                                                                                                                |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Common Language</b>              | Establishes names or titles for IMS roles across the organization during times of an incident or event.                                    |
| <b>Chain of Command</b>             | Clarifies the reporting relationships for all involved.                                                                                    |
| <b>Manageable Span of Control</b>   | Ensures that there is a manageable number of people reporting to a single person during an incident or event.                              |
| <b>Modularity and Scalability</b>   | Structure adjusted based on size of the incident or event (Only activating the required roles).                                            |
| <b>Unified Command</b>              | Process to bring together major organizations involved for the purpose of coordinating an effective response.                              |
| <b>Management by Objectives</b>     | Sets objectives and uses these to create an action plan.                                                                                   |
| <b>Centralized Communications</b>   | The incident or event lead/manager is the hub with all relevant information going through this role(s).                                    |
| <b>Incident Action Plans (IAPs)</b> | IAPs provide all incident leaders with clear goals, objectives, and timelines for actions to be implemented during the operational period. |

## Phases of an Incident or Event

An incident (unplanned) or event (planned) will normally graduate through four distinct phases. The four phases are:

- The **Warning Phase** consists of actions taken to plan for, counter and curtail the effects of the incident or event. These include alerting other individuals, sites, and/or departments as well as preparing resources.
- The **Impact Phase** refers to the incident or event itself.
- The **Response Phase**, which may overlap the Impact Phase, covers the period during which the incident or event is brought under control.
- The **Recovery Phase** is the clean-up period, used to return the affected sites or departments to normal service delivery.



## Types of Incidents or Events

Incidents and events vary in level of complexity and response requirements. Incident and event complexity is the combination of involved factors that affect the probability of control of an incident or event. Many factors determine the complexity, including, but not limited to the, threat to life and property, area of operations that is impacted, political sensitivity, duration of time, coordination of people and processes, weather, strategy and tactics.

Incident complexity is considered when making IMS staffing levels, objective setting and safety decisions. The Nova Scotia Health Incident Management System (IMS) provides the structure and flexibility to be scalable to a wide range of incidents and events.

## Scalable Response

A scalable response allows for escalation and de-escalation through the control and coordination of resources assigned to deal with an incident or event. It allows for the use of only those resources, human and material, necessary to meet the requirements of that incident or event and speaks to attempting to deal with an incident or event at the lowest level practicable.

## Responding to Incidents or Events

The IMS is utilized throughout Nova Scotia Health to prepare for, respond to and recover from an incident or event. When an incident or event happens, a series of steps occur, starting with recognizing the incident or event and understanding the organizational processes and/or policies for dealing with that type of incident or event (e.g. notify switchboard using a specific extension).

Response levels will vary depending on the type of incident or event, location of the incident or event, and other variables. Nova Scotia Health IMS is scalable to the incident or event and responses will vary from a very local and contained response at a site, to a coordinated response throughout a zone or the whole organization.

Key components to consider when responding to an incident or event include the following:

- assess the incident or event
- notify others as appropriate
- take charge and establish command for response
- mobilize staff as required
- assess need for escalation and expansion of response
- manage by objectives and create an incident action plan
- identify resource requirements and assign roles and responsibilities
- identify required or additional usable space or locations
- implement the operational period planning cycle
- expand the IMS structure as required
- transition to recovery
- deactivation of the formal response
- conduct an after action review and implement lessons learned

## Assess the Incident or Event

Includes gathering preliminary information about the incident or event, type of incident or event, location, impact and expected duration, and if there is the potential for other risks to occur or to be sequentially linked. The initial analysis will consider the level of complexity in implementing the response. Consider the impact to life safety, property and environment, the need for additional resources, other hazards, and whether it is a potential crime scene.

## Incident or Event Notification

Where the incident or event requires the mobilization of resources (i.e. human and supplies) that are not available at the scene, a process must be developed to notify others. While many incidents or events will never require activation of the entire IMS organizational structure, the notification step will raise awareness of the incident or event, and of the action taken for immediate response. Refer to *Emergency Preparedness Policy* for a list of the standardized Emergency Colour Codes utilized within Nova Scotia Health.

## Take Charge and Establish Command for the Incident or Event

The boundaries of authority in the early stages of an incident or event may not be obvious, with the person in charge often being the first to arrive at the location. Transfer of command may need to be considered once a more qualified person arrives. The IMT Lead should be assigned based upon who is the most competent and confident to take the position as well as who is in a position of authority. The IMT Lead should be familiar with IMS.

## Mobilize IMS Staffing as Required

Determining the IMS staffing required is accomplished through an assessment of the current incident or event and its future potential. From this assessment, the IMT Lead develops objectives, specifying what is to be accomplished with the response. The appropriate staffing will be assigned to the incident or event to meet the objectives.

## Assess Need for Escalation of Response

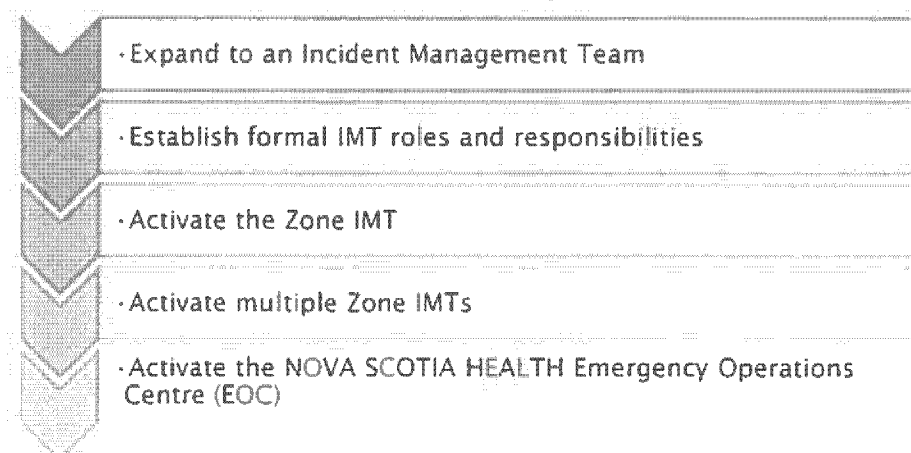


Figure 3 Escalation of Response

The establishment of a physical location for the above responses should be considered whenever possible. This ensures individuals involved with the response have a place where they can be briefed and receive work assignments. It can simply be a room that supports the coordination of a response or a location off site that can accommodate the IMT.

Some sites may have a preassigned space that they have named as a Command Post or EOC. Regardless of the location of the team, the titles and roles of the IMT will remain the same.

While a physical location is preferable, it is recognized that this may not always be applicable as the organization covers the entire province and often requires participation from a distance. The use of virtual meeting spaces is recommended when appropriate (e.g. open conference line, approved video conferencing systems, etc.); consider the level of complexity of the response.

### **Manage by Objectives and Create an Incident Action Plan**

Incident or event management using Nova Scotia Health's IMS is accomplished by setting and managing objectives. Objectives are based on the overall priorities (life safety, minimizing harm, incident stabilization, environment and property preservation, and continuity of operations) within a specified timeframe.

This includes:

- Setting the operational period;
- Determining overall impacted priorities;
- Establishing specific, measurable, and attainable objectives and effective tactics;
- Identifying resources;
- Developing and issuing assignments to staff;
- Directing, monitoring and evaluating response to adjust in the next operational period; and
- Developing and distributing the Incident Action Plan.

Incident Action Plans (IAP) contain general objectives reflecting the overall strategy for managing an incident or event. An IAP includes the identification of operational resources and assignments and may include attachments that provide additional directions. The purpose of this plan is to provide all incident leaders with direction for actions to be implemented during the operational period.

The essential elements in the IAP are:

- Statement of objectives, expressing in a measurable manner what is expected to be achieved;
- Clear strategic direction;
- The tactics to be employed to achieve each overarching incident objective;
- A list of resources that are assigned;
- The organizational structure/chart; and
- Safety guidelines or requirements.

While an IAP is applicable to all incidents, each incident will dictate the level of detail to which an IAP is prepared. Oral/spoken IAPs are usually sufficient in simple incidents. A written IAP should be used in complex incidents, and/or when new participants must have a clear understanding of the tactical actions associated with the next operational period.

## **Identify Resource Requirements and Assign Roles and Responsibilities**

Resources include not only the people, places, equipment and supplies available or required to deal with the incident or event, but also for the site to continue to provide patient care services as part of regular operations. This is led by the Logistics and Resources Lead. This role requires the understanding of resources available, how to determine and fulfill needs, and tracking for efficient use. Resource plans should consider contingencies and existing contracts and agreements.

## **Implement the Operational Period Planning Cycle**

If an IMT or the Nova Scotia Health EOC are activated, there is an operational period planning cycle that should be followed. This is a cycle that considers how the team meets to exchange information, identify issues, and set objectives. It can vary in length depending on the scale, complexity and pace of the incident or event, but typically is no longer than 24-hours, and can be as short as half an hour.

The IMT Lead or EOC Manager should set the pace of the cycle by establishing timing for receiving Situation Reports (SitReps) and briefings to take place during the cycle. It is during this cycle that an evaluation on whether objectives are being addressed or not and what further actions may be required.

It is also important to plan ahead for the next Operational Cycle and what fresh resources will be required to relieve those already working; being mindful of the fact that many have been working well before the activation of the IMT or Nova Scotia Health EOC.

## **Expand the IMS Structure as Required**

If required, expanding the IMS structure ensures that the manageable span of control is maintained and that groups and individuals are focused on specific tasks required for the response to the incident or event and maintenance of services. Throughout a response, if an IMT or the Nova Scotia Health EOC is activated, there may be roles that expand and contract depending on the objectives of the response. Within Nova Scotia Health this expansion may include, in addition to expanding the current team, establishment of one or more Zone IMTs or the Nova Scotia Health EOC.

## **Transition to Recovery**

It is important to develop a recovery plan that details the process of deactivating or de-escalating an incident or event response plan and the steps required to return the site or program back to normal operations.

## **Deactivation of the Response**

As incidents or events may require an escalation, there is also a need to monitor the situation and de-escalate the response as required. Releasing resources allows for a return to normal operations in many other areas.

All teams must formally "close" the event. When an IMT or the Nova Scotia Health EOC is deactivated, this is the responsibility of the IMT Lead or the EOC Manager.

## Post Incident Staff Support

Upon notification that the incident or event has moved into the recovery phase, sites and zones will:

- Conduct critical incident debriefings for staff (Given the nature of these events, consideration must be given to appropriate timing and support of these debriefings).
- Ensure that emotional and psychological support, such as Employee and Family Assistance Programs, are offered to Nova Scotia Health staff to address the physical and or psychological impacts.
- Ensure that leadership monitor support needs over time, observing and providing support to the affected person(s) and consulting with the Nova Scotia Health OHS&W Team as required.

## After Action Review and Improvement Planning

An After Action Review post incident will take place with key stakeholders to review and evaluate the incident. An After Action Report and Improvement Plan will be developed based on any findings and recommendations.

The purpose of conducting and documenting lessons learned is to share and use knowledge derived from experience to:

- promote the recurrence of desirable outcomes
- avoid the recurrence of undesirable outcomes
- provide an opportunity for those involved to discuss experiences and learnings for the purpose of improvement
- demonstrate Nova Scotia Health's commitment to improvement and learning
- revise plans to incorporate learnings as applicable

The After Action Review process may include one or any combination of, face-to-face meetings, video conferencing meetings, conference calls, one-to-one conversations or online surveys.

## Incident Management Team (IMT) and Emergency Operations Centre (EOC) Activation

The Incident Management System provides the flexibility to appropriately adapt to the size and scope of the incident or event. Responses may vary from a specific location to the need to respond to impacts on Nova Scotia Health as a whole.

An IMT may be made up of local site responders that have the knowledge and capabilities to address the incident or event. As incidents and events become more complex there will be a need to formalize the specific roles within the site IMT.

If the needs of the site expand beyond the abilities of the Site IMT, or if more than one site is impacted at the same time, there may be a need to activate the Zone IMT. The Zone IMT will establish the roles required to support the incident or event.

For incidents and events that impact Nova Scotia Health's service delivery in one or more zones there may be a need to activate the Nova Scotia Health EOC. Once activated, the

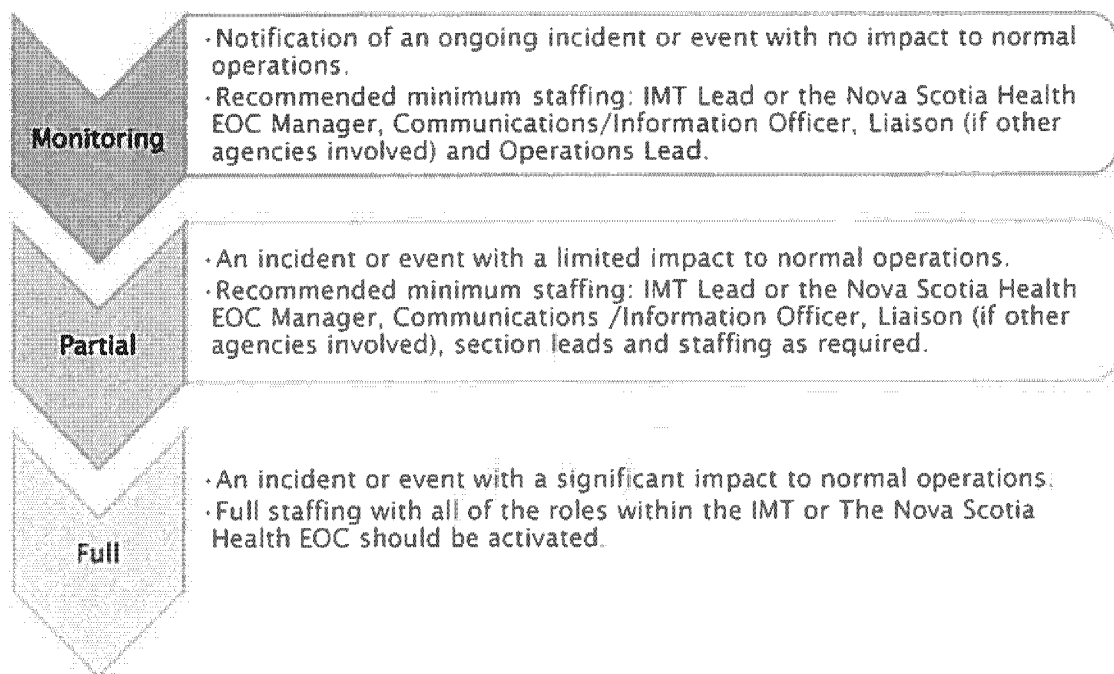
Nova Scotia Health EOC will assume responsibilities for the direction of all Nova Scotia Health response and recovery activities throughout the incident or event.

## Activation Levels

Most incidents and events are managed at the site by Nova Scotia Health employees, physicians, learners and volunteers and are considered routine operations. Incidents or events of a greater magnitude require an incident management response structure beyond normal operations. The response required must be appropriate to the magnitude of the incident or event. Only those IMT or Nova Scotia Health EOC functions and roles that are required to meet current objectives need to be activated.

The following outlines the various levels of activation (Table 2) of an IMT or the Nova Scotia Health EOC:

*Table 2: Levels of Activation*



The IMT or the Nova Scotia Health EOC organizational structures should be flexible enough to expand and contract as needed. IMT or Nova Scotia Health EOC staff may be required to take on more than one position (role), as determined by the nature of the incident or event, availability of resources or as assigned by the IMT Lead or EOC Manager.

## Staffing Requirements

The IMT or Nova Scotia Health EOC must be able to function on a 24/7 basis from activation until full deactivation as required to support the incident or event response. While there may, at times, be a requirement for having staff assigned 24/7 to the IMT and/or Nova Scotia Health EOC, there may be circumstances where some, or all, of the staffing levels are virtual. Also, there may be times where the IMT and/or Nova Scotia Health EOC are only activated for specific hours and that there are defined processes for

accessing and/or escalating issues outside of those hours of operation e.g. aligning with the Nova Scotia Health Management On-Call process for a single internal point of contact afterhours. The IMT Lead or Nova Scotia Health EOC Manager will determine the appropriate staffing for each activation level (Table 2) based upon an assessment of the current and projected incident or event.

Part of the staffing level decision needs to take into account what staffing will be required for future operational periods as well as any impacts to normal operational levels. Also, staffing requirements may be impacted by the number of IMTs active throughout the Zone and organization.

The Main IMT (Figure 4) is the recommended staffing for an IMT to manage any incident or event at the site level. Depending on the size and scope of the incident or event there may be a requirement for additional support. Each Section Lead has the ability to expand their section with those support roles required; these roles may be filled either in person or virtually (Figure 5).

The Main Nova Scotia Health EOC Group (Figure 6) is the recommended staffing for the Nova Scotia Health EOC to manage any incident or event impacting the zone or organization. Depending on the size and scope of the incident or event there may be a requirement for additional support. Each Section Lead has the ability to expand their section with those support roles required; these roles may be filled either in person or virtually (Figure 7).

For a list of suggested candidates for the roles noted below in the organizational charts please reference the Suggested Candidates for IMS Staff Positions document.

See next page for Organizational Charts

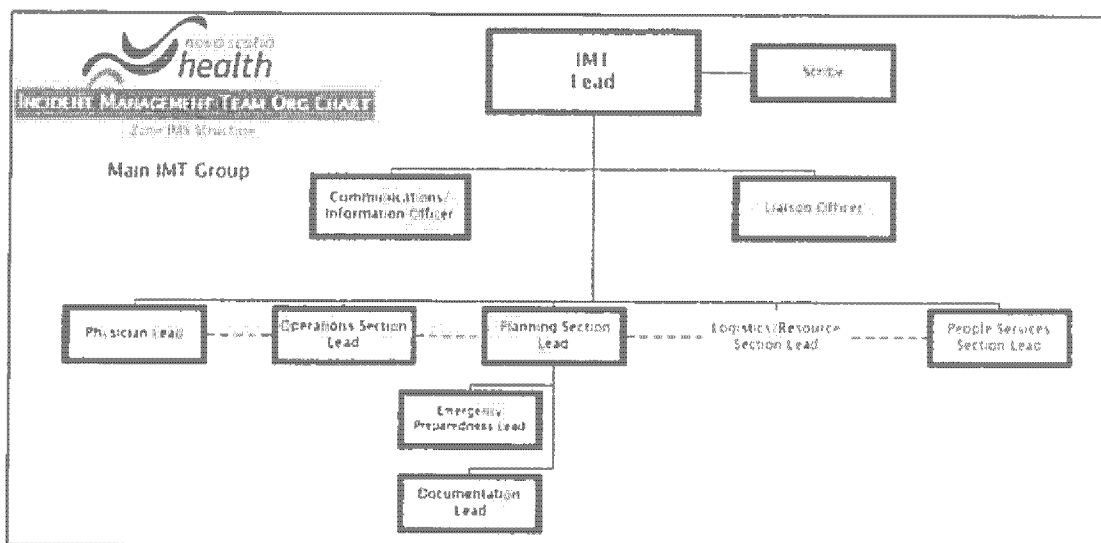


Figure 4: Main IMT Group

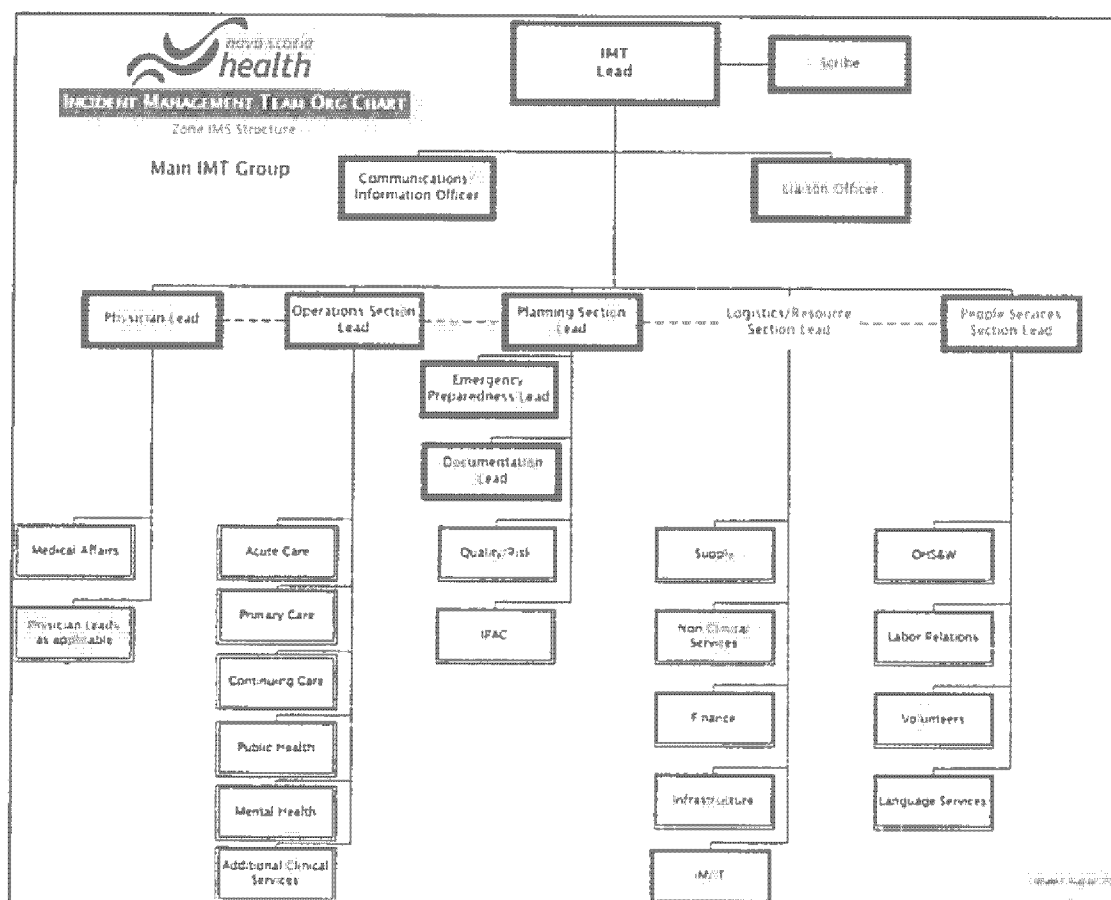


Figure 5: IMT Organizational Chart



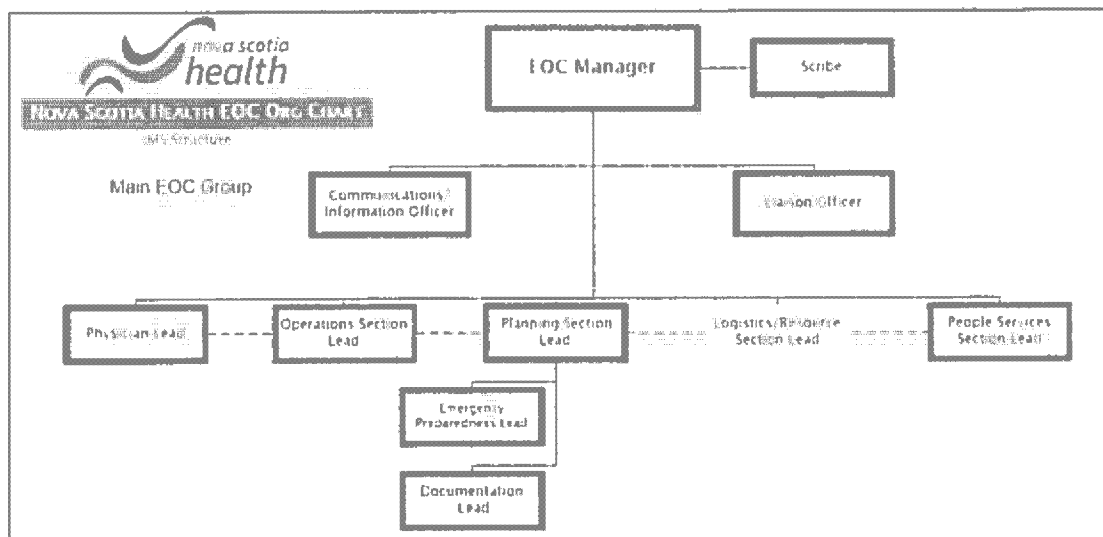


Figure 6: Main Nova Scotia Health EOC Group

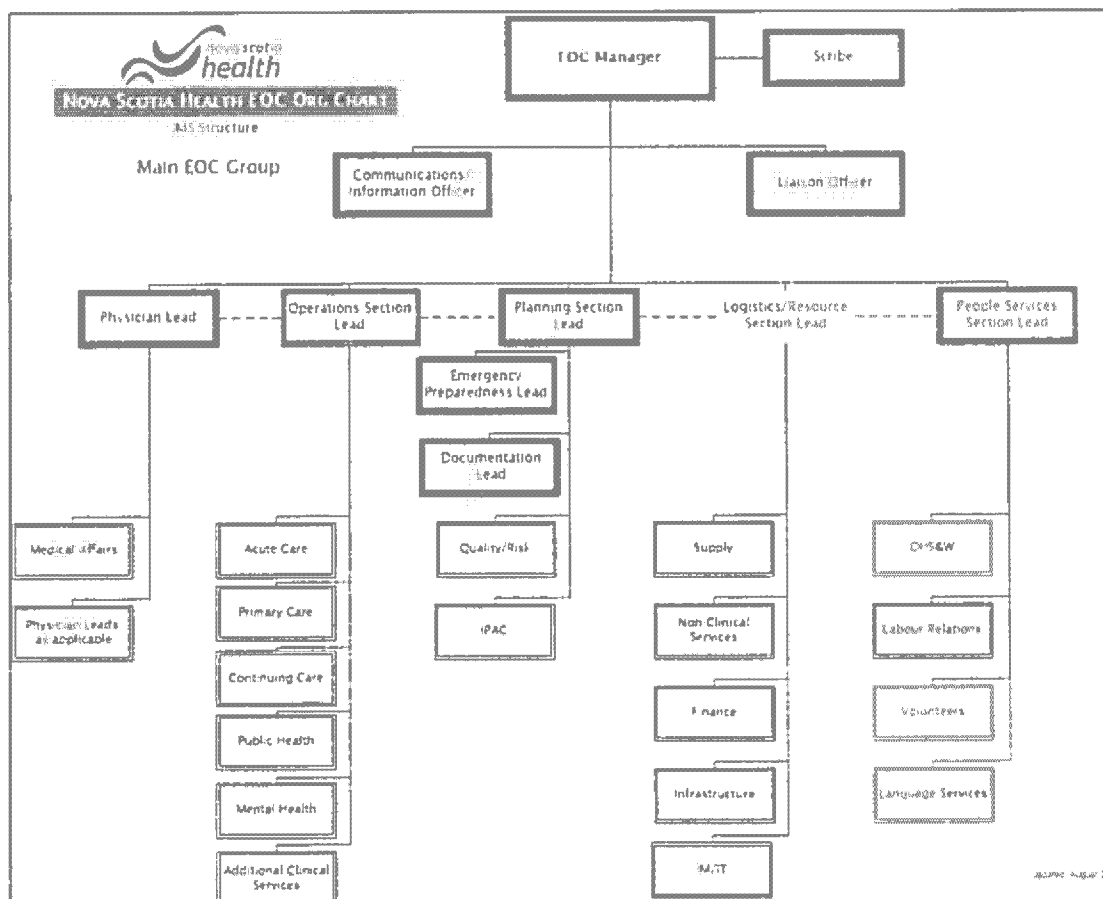


Figure 7: Nova Scotia Health EOC Organizational Chart

## IMS Role Descriptions

Table 3: Nova Scotia Health IMS Roles

| Role/ Title                                | Description                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Incident Management Team Lead</b>       | Responsible for organizing and directing the IMT. Gives overall strategic direction for the incident management system and support activities.                                                                                                                                                                                                                         |
| <b>Nova Scotia Health EOC Manager</b>      | or<br>Responsible for organizing and directing the Nova Scotia Health EOC. Gives overall strategic direction for the incident management system and support activities.                                                                                                                                                                                                |
| <b>Scribe</b>                              | Responsible for providing administrative support to the IMT or Nova Scotia Health EOC team. Provides phone support, data entry, maintenance of logs, faxes and emails. Maintains records of the event and disseminates information as required.                                                                                                                        |
| <b>Communications/ Information Officer</b> | Serves as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the IMT Lead or the Nova Scotia Health EOC Manager.                                                                                                                                                            |
| <b>Liaison Officer</b>                     | Functions as the incident contact person in the IMT or Nova Scotia Health EOC for representatives from other agencies.                                                                                                                                                                                                                                                 |
| <b>Physician Lead</b>                      | Responsible for coordinating physician services for both the incident or event response and for service delivery, ensuring that all work areas have physicians and physician related resources.                                                                                                                                                                        |
| <b>Operations Section Lead</b>             | Responsible for leading the development and implementation of strategies and tactics to carry out the objectives established by the IMT Lead or the Nova Scotia Health EOC Manager.                                                                                                                                                                                    |
| <b>Planning Section Lead</b>               | Responsible for leading the collection of incident, event and resource status information. Gathers all relevant information for short-term and long-term planning, including the pre-defined plans for responding to the incident or event, situational information, then evaluating and analyzing the data for decision-makers, and developing Incident Action Plans. |
| <b>Logistics/ Resource Section Lead</b>    | Responsible for organizing and directing those operations associated with maintenance of the physical environment and with Supply Chain, infrastructure, security and other services to support the incident activities. Also responsible for managing all financial aspects of an incident and participating in incident action planning.                             |
| <b>People Services Section Lead</b>        | Responsible for organizing and directing responses under the People Services portfolio including labor relations, language services, volunteers, Occupational Health Safety and Wellness, and Diversity.                                                                                                                                                               |
| <b>Emergency Preparedness Lead</b>         | Responsible for assisting with the operation of the IMT or the Nova Scotia Health EOC and providing support to the IMT Lead or the Nova Scotia Health EOC Manager as required.                                                                                                                                                                                         |
| <b>Documentation Lead</b>                  | Maintain accurate and complete incident files, including a record of the response and recovery actions; provide duplication services to incident personnel; file, maintain, and store incident documents for legal, analytical, reimbursement, and historical purposes.                                                                                                |

## Job Action Sheets

Unlike other traditional emergency responders (fire and police departments) most Nova Scotia Health employees, physicians, learners and volunteers do not normally operate in an IMT or an EOC environment. Regular planning, training, exercises and evaluation are necessary to ensure that individuals are comfortable with and capable of performing their incident or event response roles. Job Action Sheets are additional supports used to help ensure each staff member understands and performs assigned duties according to plan.

The Job Action Sheets, or job descriptions, are documents that outline roles and responsibilities for those assigned to IMT and/or Nova Scotia Health EOC roles. For the Job Action Sheets refer to the [IMS section](#) of the Emergency Preparedness site.

## Incident Management Forms

Nova Scotia Health IMS uses specific forms (see Table 4) to assist with incident management processes and procedures, as well as to represent a record of decisions and actions.

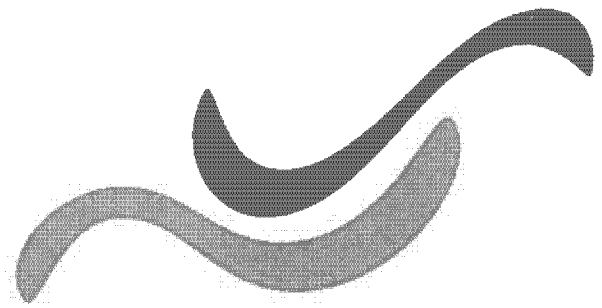
These forms are designed for an all-hazards response and are designed to include the essential data elements for the IMS process they address. The use of these standardized forms is encouraged to promote consistency in the management and documentation of incidents and events throughout Nova Scotia Health.

Detailed instructions and an overview of the form's purpose, preparation and distribution can be found in the [Nova Scotia Health Incident Management Forms Instruction Document](#).

*Table 4: Nova Scotia Health Incident Management Forms*

| Form Title                | Form Description                                                                                                                                                                                                        | Prepared By                                                                       |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Sign in Sign Out          | Used for recording and tracking check-in and check-out information of all personnel operating in an IMT or the Nova Scotia Health EOC.                                                                                  | Every Individual on entering and exiting. Collected and filed by the Lead Scribe. |
| Incident /Event Board     | Records sequential details of notable incident/event activities and requests coming into the IMT/Nova Scotia Health EOC.                                                                                                | Lead Scribe.                                                                      |
| Activity Log              | Records details of notable activities of the individual assigned to a specific position.                                                                                                                                | Every person assigned to a specific IMT or Nova Scotia Health EOC position.       |
| Situation Report (SITREP) | Provides situational awareness of current issues, challenges and anticipated priorities and activities at a particular stage during the incident or event response.                                                     | Leaders or staff from requested departments, services and programs.               |
| Briefing Report           | Provides general high-level overview to Nova Scotia Health Senior Leadership Team of the current incident or event, future outlook and anticipated actions at a particular stage during the incident or event response. | Incident Management Team Lead or Nova Scotia Health EOC Manager.                  |

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## SECTION 3: LEADERSHIP DURING INCIDENTS

Leadership skills are tested when confronted with an incident. Natural disasters such as floods, hurricanes, and wildfires can cause severe disruptions to Nova Scotia Health and to the communities impacted by the incident. The same is true for human-created incidents such as terrorism, mass shootings and violent protests. Incidents typically occur with little or no warning, requiring an immediate response as well as the forethought to plan for the mid-term and long-term consequences.

Nova Scotia Health leaders may fulfill a number of roles during an incident, including leading and supporting employees, physicians, learners and volunteers, participating in or leading an Incident Management Team or the Nova Scotia Health EOC.

Any incident can have a mix of political, economic, social, environmental, and cost implications with potentially serious long-term effects. Nova Scotia Health's IMS, as a management system, helps to mitigate the risks by providing accurate information, accountability, planning, and cost-effective operations and logistical support for any incident. With support for planning, preparedness, and training activities, the potential implications can be minimized.

Below are some key considerations for those who are leading and coordinating responses within the Incident Management System:

**Be well informed;** Think about short-term and long-term priorities.

- gain situational awareness – obtain the best information possible
- act promptly but not hurriedly
- manage expectations
- demonstrate control
- be adaptable
- provide perspective

**Preparation and Response;** be prepared. Know identified risks and operational capacity. Be prepared to improvise in response to unique and unexpected circumstances.

**Remember and consider:**

- planning in advance
- improvising
- assessing risks

**People Support;** ensure the health and safety of Nova Scotia Health patients, visitors, employees, physicians, learners and volunteers (who may themselves be victims) during and after an incident.

Remember and consider:

- Occupational Health Safety and Wellness
- People Services (MAP - process and bargaining unit agreements)
- Employee and Family Assistance Program (EFAP)

**Media Management;** consider and assess need for Corporate Communications and activation of *Nova Scotia Health Crisis Communications Plan* for both internal and external communications.

Remember and consider:

- traditional media
- communicating directly
- social media

**Recovery;** ensure that recovery planning starts immediately, is highly focused, and returns Nova Scotia Health service delivery to normalcy as quickly as possible.

Remember and consider:

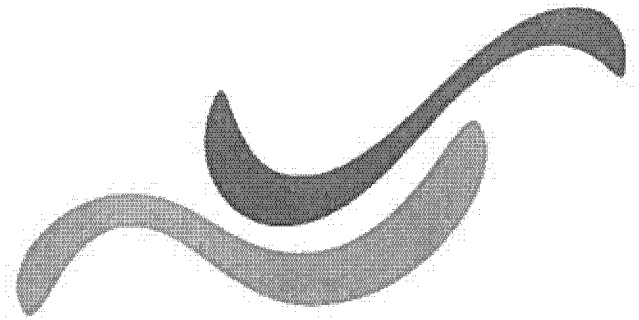
- planning for recovery
- working with internal and external partners
- fiscal implications
- debris removal and infrastructure repairs
- volunteers and donations
- mental health support

Leadership in incidents or events has a higher level of complexity, exposing leaders to a different, convoluted, irregular operating arena. This often requires the ability to process and analyze a new environment, utilizing quick decision-making capabilities and effective management of our teams, all under ever changing conditions.

To support our leaders Nova Scotia Health has a number of face-to-face and online leadership educational and reference resources available:

- People Services - Leadership Hub
- Emergency Preparedness intranet site
- Emergency Preparedness e-learning modules are available on Nova Scotia Health Learning Management System (LMS)

Also, the Emergency Preparedness program has team members available to support leaders throughout Nova Scotia Health.



## SECTION 4: HAZARDS

### Risk Assessment

The Emergency Preparedness program integrates the principles of the Nova Scotia Health Enterprise Risk Management (ERM) framework to ensure a structured process for addressing vulnerabilities, mitigating hazards and preparing for a response to and recovery from incidents and events.

Identifying risks that could negatively impact the delivery of critical services is an essential component of the overall risk process for emergency planning. Risk assessment, which follows risk identification, is essential and involves the exploration of hazards that may threaten Nova Scotia Health's ability to provide critical service delivery. Please see the [Nova Scotia Health Enterprise Risk Management](#) intranet site for additional information related to the overall risk process and to access additional resources.

Hazards often lack the absence of predictability. A risk assessment is not an end in itself. The purpose of risk assessment from an emergency preparedness perspective is to anticipate problems and possible solutions to help save lives, protect property, reduce damage, and speed Nova Scotia Health's return to normal operations. The risk assessment process also contributes to our organizational commitment to continuous improvement. Figure 8 is included to outline how the risk assessment process informs the cycle of continuous improvement for emergency preparedness planning.

Nova Scotia Health sites, services and locations have visual prompts, guidelines and quick guides related to specific hazards. Several strategies are utilized to ensure staff are familiar with response processes. These include but are not limited to general orientation, online education, face-to-face education, participation in exercises, and updates provided on the [Emergency Preparedness intranet site](#).

The sections below provide a high-level overview of risks and hazards relevant to Nova Scotia Health.

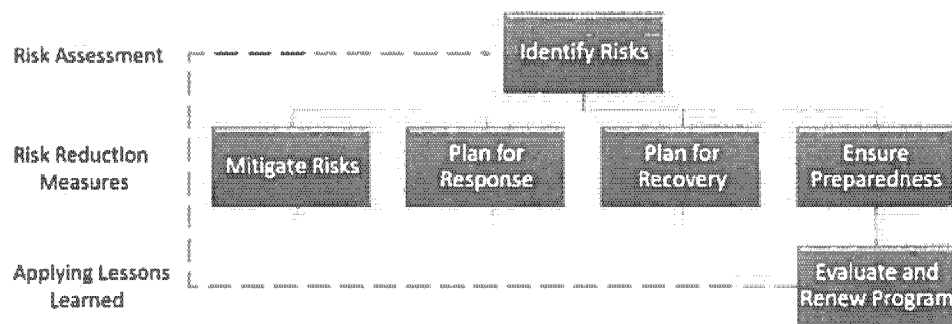


Figure 3: Preparedness Improvement Cycle

## Emergency Colour Codes

The Emergency Colour Codes are used throughout Nova Scotia Health sites as notification of an incident that requires immediate action. Nova Scotia Health employees, physicians, learners and volunteers need to understand what each code refers to and are aware of how to respond to provide a safe environment. See figure 9 below for a description of the emergency codes.



| EMERGENCY COLOUR CODES |                                                                         |
|------------------------|-------------------------------------------------------------------------|
| Code Red               | Fire                                                                    |
| Code Blue              | Cardio/Respiratory Arrest, choking, or other Life Threatening Emergency |
| Code Orange            | External Disaster / Reception of Mass Casualties                        |
| Code Green             | Evacuation (May include "stat" or "precautionary")                      |
| Code Yellow            | Missing Client                                                          |
| Code Black             | Bomb Threat                                                             |
| Code White             | Violent Person(s) / Situation                                           |
| Code Pink              | Child Protection Emergency                                              |
| Code Brown             | Hazardous Substance Spill / Release                                     |
| Code Grey              | External Air Exclusion / Shelter in Place                               |
| Code Silver            | Person with a weapon                                                    |

Figure 9: Nova Scotia Health Emergency Colour Codes



## Hazards, Risks and Vulnerabilities

In addition to the colour code incidents, there are several additional hazards, risks and vulnerabilities that have the potential to impact our organization. The Emergency Preparedness program continually assesses new information, existing databases and evolving evidence to inform ongoing assessment and planning priorities for internal and external sources of risk. While the likelihood and impact of specific risks vary significantly, the list below (Table 5) provides a brief description of potential risks for healthcare organizations. They are not listed in order of likelihood and/or impact. They are presented for awareness only.

Table 5: Additional Hazards, Risks and Vulnerabilities

| Hazard                                 | Description                                                                                                                                                                                                                                           |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Critical Infrastructure Failure</b> | Building Envelope and/or system failure; Power failure; Loss of water (supply or quality); Loss of fuel; Loss of HVAC; Loss of telecommunications; IT failure; Loss of medical gases.                                                                 |
| <b>Waste Disposal</b>                  | Removing and destroying or storing hazardous and non-hazardous recyclable and non-recyclable waste.                                                                                                                                                   |
| <b>Disturbance of Supply Chain</b>     | Interruption of the processes involved in the production and distribution of essential supplies, including but not limited to Pharmacy; Food and drinking water; Laundry; Medical Supplies and Equipment.                                             |
| <b>Staff Shortage</b>                  | When a program, site, or entire organization reaches a critical level of staffing due to illness; Labour disruptions; Inability to reach hospital; Overcrowding.                                                                                      |
| <b>Severe Weather</b>                  | <b>Blizzard/ Ice Storm</b><br>Severe winter storm with low temperatures, strong winds and heavy snow                                                                                                                                                  |
|                                        | <b>Extreme Heat Event</b><br>2 or more consecutive days of daytime maximum temperatures reaching 29°C or warmer and nighttime minimum temperatures falling to 16°C or warmer. Or 2 or more consecutive days of humidex values reaching 36°C or higher |
|                                        | <b>Hurricane/ Post-tropical Storm/ Tornado</b><br>Cyclonic or extreme high wind storm systems with speeds between 80km/h and 480 km/h or higher                                                                                                       |
|                                        | <b>Thunderstorm</b><br>A system which produces violent hail, lightning, high winds and flash floods                                                                                                                                                   |
|                                        | A sudden and destructive accumulation of water beyond its normal confines (e.g. Flash Flood, Tidal Surge, Dam Breach, Tsunami, Freshet [flooding caused by Spring heavy rain or snow melt], Ruptured Pipes).                                          |
| <b>Flooding</b>                        |                                                                                                                                                                                                                                                       |
| <b>Biological</b>                      | Diseases that impact humans or animals (pandemic or epidemic).                                                                                                                                                                                        |
| <b>CBRNE</b>                           | Chemical, Biological, Radiological, Nuclear and Explosive incidents.                                                                                                                                                                                  |
| <b>Civil Disorder</b>                  | Civil disorder is when many people are involved and are set upon a common aim.                                                                                                                                                                        |
| <b>Mass Gatherings</b>                 |                                                                                                                                                                                                                                                       |
| <b>Wildland-Urban Interface Fire</b>   | A fire that is burning in a wildland and has the potential to interface with urban or developed areas.                                                                                                                                                |

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## APPENDICES

### Appendix 1: Glossary

|                                      |                                                                                                                                                                                                                                                                                        |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After Action Review                  | Is a structured review process for analyzing what happened, why it happened, and how it can be done better by the participants and those responsible for the incident or event.                                                                                                        |
| After Action Report/Improvement Plan | A document that summarizes the sequential timeline, the findings, lessons learned and recommendations for improvement.                                                                                                                                                                 |
| All Hazards Approach                 | Recognizes that the actions required to mitigate the effects of incidents or events are essentially the same, irrespective of the nature of the incident or event, thereby permitting an optimization of planning, response and support resources.                                     |
| Command Post                         | A predesignated space at a site where the Site IMT can gather to coordinate the response and recovery efforts of an incident or event.                                                                                                                                                 |
| Critical Infrastructure              | Refers to processes, systems, facilities, technologies, networks, assets and services essential to the service delivery of Nova Scotia Health.                                                                                                                                         |
| Deactivation                         | Refers to the orderly, safe, and efficient return of an incident resource to its original location and status.                                                                                                                                                                         |
| Disaster                             | Any incident or event that brings the system to a disaster point because the emergency systems are overwhelmed by the disaster and the situation significantly degrades the capacity of the community to recover. There is widespread destruction of property and human lives.         |
| Emergency Health Services (EHS)      | Emergency Health Services provides emergency response via ground ambulance, Life Flight helicopter and fixed-wing aircraft. Paramedic crews are dispatched through the Communications Centre in Burnside.                                                                              |
| Emergency                            | Refers to a present or imminent incident or event that requires prompt coordination of actions concerning persons or property to protect the health, safety or welfare of people, or to limit damage to property or the environment.                                                   |
| Emergency Management                 | The management of emergencies concerning all-hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery.                                                                                                 |
| Emergency Operations Centre          | A predesignated space within a Zone where the Zone IMT can gather to coordinate the response and recovery efforts of an incident or event.<br>Also see, Nova Scotia Health Emergency Operations Centre.                                                                                |
| Emergency Preparedness Program       | A corporate program responsible for leading and supporting Emergency Management activities throughout the organization. The program Staff work in collaboration with internal and external partners and agencies to ensure the effective delivery of Emergency Management capabilities |
| Enterprise Risk Management (ERM)     | Within Nova Scotia Health, ERM refers to the culture, processes and structures that allow our organization to understand and manage risk.                                                                                                                                              |

|                                                |                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Evacuation                                     | Organized, phased, and supervised withdrawal, dispersal, or removal of Employees, physicians, learners and volunteers, patients and the public from dangerous or potentially dangerous areas, and their reception and care in safe areas.                                                             |
| Event                                          | A planned event that has the potential to impact the normal delivery of service to Nova Scotia Health staff or the public and which requires a response to protect life or property and/or to minimize impact of disruption.                                                                          |
| Exercises                                      | Activities designed to evaluate policies, plans and procedures; train personnel in emergency preparedness and response duties; and demonstrate operational capability.                                                                                                                                |
| Hazard                                         | A potentially damaging physical incident or event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation.                                                                                              |
| Incident                                       | An occurrence, natural or manmade, that impacts the normal delivery of service and which requires a response to protect life and/or property and maintain and/or return to continuity of operations.                                                                                                  |
| Incident Management Team (IMT)                 | A group of people that have the knowledge and capabilities to address an incident or event.                                                                                                                                                                                                           |
| Interoperability                               | The ability of Nova Scotia Health leadership and staff to interact and work well together with various partner agencies and government levels.                                                                                                                                                        |
| Mitigation                                     | Mitigation measures are those that eliminate or reduce the impacts and risks of hazards through proactive measures taken before an incident or event occurs.                                                                                                                                          |
| Nova Scotia Health Emergency Operations Centre | The designated space established, physically or virtually, where identified Nova Scotia Health leaders can gather to collectively and collaboratively support the response and manage the secondary organizational consequences of an incident or event.                                              |
| Preparedness                                   | Actions that involve a combination of planning, resources, training, exercising, and organizing to build, sustain, and improve Nova Scotia Health operational capabilities.                                                                                                                           |
| Prevention                                     | Actions taken to avoid the occurrence of negative consequences associated with a given threat; prevention activities may be included as part of mitigation.                                                                                                                                           |
| Recovery                                       | Actions for the development, coordination, and execution of service delivery and site restoration plans; the evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.                             |
| Recovery Plan                                  | A plan developed to restore the affected site, program or department.                                                                                                                                                                                                                                 |
| Resources                                      | Personnel and major items of equipment, supplies, and facilities available to address an incident or event.                                                                                                                                                                                           |
| Response                                       | Immediate actions to protect lives and property, stabilize the incident or event and maintain continuity of operations.                                                                                                                                                                               |
| Risk                                           | Risk can be defined as the effect of uncertainty on our ability to achieve our objectives. The combination of the likelihood and the consequence of a specified hazard being realized; refers to the vulnerability, proximity or exposure to hazards, which affects the likelihood of adverse impact. |

|                       |                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Assessment       | Assessment of risk follows the step of risk identification. Identified risks must be assessed, in terms of likelihood (the possibility the risk will occur) and impact (the effect it will have on the achievement of strategies and objectives).                                                                                                                  |
| Risk-based            | The concept that sound incident management decision-making will be based on an understanding and evaluation of hazards, risks and vulnerabilities.                                                                                                                                                                                                                 |
| Risk Management Site  | The use of policies, practices and resources to analyze, assess and control risks to health, safety, environment and the economy.<br>This term refers to the physical location where Nova Scotia Health services are provided. This may refer to locations that are Nova Scotia Health owned, operated, or leased. This term is used synonymously with "facility". |
| Situational Awareness | Situational awareness is having insight into one's environment and circumstances to understand how events and actions will affect objectives, both now and in the near future.                                                                                                                                                                                     |
| Threat                | The presence of a hazard and an exposure pathway; threats may be natural or human-induced, either accidental or intentional.                                                                                                                                                                                                                                       |

## Appendix 2: Abbreviations

|                 |                                                           |
|-----------------|-----------------------------------------------------------|
| <b>AAR</b>      | After Action Review                                       |
| <b>AAR/IP</b>   | After Action Report and Improvement Plan                  |
| <b>CBRNE</b>    | Chemical, Biological, Radiological, Nuclear and Explosive |
| <b>DHW</b>      | Department of Health and Wellness                         |
| <b>EOC</b>      | Emergency Operations Centre                               |
| <b>EHS</b>      | Emergency Health Services                                 |
| <b>IAP</b>      | Incident Action Plan                                      |
| <b>ICS</b>      | Incident Command System                                   |
| <b>IMS</b>      | Incident Management System                                |
| <b>IMT</b>      | Incident Management Team                                  |
| <b>LMS</b>      | Learning Management System                                |
| <b>NSEMO</b>    | Nova Scotia Emergency Management Office                   |
| <b>The Plan</b> | All-Hazards Plan                                          |

## REFERENCES

- Alberta Health Services. (2018). *Framework for emergency and disaster management*.
- California Hospital Association. (2018). *Emergency preparedness. Preparing hospitals for disasters*. Retrieved from <https://www.calhospitalprepare.org/>
- Carlee, R. (2019). *Leadership and professional local government managers: before, during, and after a crisis*. Retrieved from <https://www.govtech.com/em/preparedness/City-County-Managers-Are-Key-in-Disaster-Planning-and-Response.html?AMP>
- Emergency Management British Columbia. (2011). *Emergency management in BC: Reference manual*.
- Emergency Management Office. (n.d.). *The Nova Scotia emergency response plan*.
- Glarum, J. (2017). *Healthcare emergency incident management operations guide*.
- Government of Nova Scotia. (1990). *Emergency health service regulations made under section 25 of the emergency management act*. Retrieved from: <https://novascotia.ca/just/regulations/regs/emhealth.htm>
- Government of Nova Scotia. (1990). *Emergency management act*. Retrieved from: <https://nslegislature.ca/sites/default/files/legc/statutes/emergmnt.htm>
- Government of Nova Scotia. (2017). *Health authorities act*. Retrieved from: [https://nslegislature.ca/legc/bills/63rd\\_1st/1st\\_read/b022.htm](https://nslegislature.ca/legc/bills/63rd_1st/1st_read/b022.htm)
- Government of Nova Scotia. (2004). *Health protection act*. Retrieved from: [https://nslegislature.ca/legc/bills/59th\\_1st/3rd\\_read/b026.htm](https://nslegislature.ca/legc/bills/59th_1st/3rd_read/b026.htm)
- Government of Nova Scotia. (1989). *Hospitals regulations made under section 17 of the hospitals act*. Retrieved from: <https://novascotia.ca/just/regulations/regs/hospreg.htm>
- Hendrickx, C., D'Hoker, S., Michiels, G., and Sabbe, M.B. (2016). *Principles of hospital disaster management: An integrated and multidisciplinary approach*. Retrieved from: <file:///C:/Users/rodierpb/Downloads/Hendrickx2016-hospitaldisastermanagement.pdf>
- ICS Canada. (2011). *I-300: intermediate ICS instructor manual V.1.1*. Canadian Interagency Forest Fire Centre. Winnipeg Manitoba Canada
- ICS Canada. (2016). *Incident command system*. Canadian Interagency Forest Fire Centre. Retrieved from: <http://www.icscanada.ca/>
- Justice Institute of British Columbia. (2011). *Developing emergency management plans*. New Westminster, British Columbia
- Justice Institute of British Columbia. (n.d.). *Emergency operations centre operational guidelines 2<sup>nd</sup> edition*. New Westminster, British Columbia
- Ontario Hospital Association [OHA]. (2009) *OHA emergency management toolkit: Developing a sustainable emergency management program for the hospitals*. Retrieved from: <https://www.oha.com/Documents/Emergency%20Management%20Toolkit.pdf>

Public Health Agency of Canada. (2004). *National framework for health emergency management, guideline for program development*. Retrieved from: <http://www.pbphpc.org/wp-content/uploads/2012/01/National-Framework-for-Health-Emergency-Management-PHAC.pdf>

Public Safety Canada. (2017). *An emergency management framework for Canada*, third edition. Retrieved from: <https://www.publicsafety.gc.ca/cnt/rsrct/pblctns/2017-mrgnc-mngmnt-frmrk/index-en.aspx>

Public Safety Canada. (2010). *Emergency management planning guide*. Retrieved from: <https://www.publicsafety.gc.ca/cnt/rsrct/pblctns/mrgnc-mngmnt-pnng/mrgnc-mngmnt-pnng-eng.pdf>

Rose, D. A., Murthy, S., Brooks, J., Bryant, J. (2017). *The evolution of public health emergency management as a field of practice*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5594387/pdf/AJPH.2017.303947.pdf>

Skamania County Emergency Management. (n.d.). *EOC operational period planning cycle*. Retrieved from: <http://www.skamania-dem.org/EOC.html>

**END OF DOCUMENT**



2022

Hfx No. 513479

This is Exhibit "C" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_ day of November 2022.

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Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia



## NSHA Incident Management System

## SITUATION REPORT (SITREP)

|                                                                                                                                                                                                        |                                        |                                                       |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|
| <b>Zone Location</b><br>(EZ, CZ, NZ, WZ, NSHA)                                                                                                                                                         | Northern Zone                          | <b>Incident Number</b><br>(Zone, YYYY-MM-DD)          | Northern Zone, 2021-06-23                                           |
| <b>Response Level</b><br>(EOC, IMT, CP)                                                                                                                                                                | Incident Management Team               | <b>Incident Start Date</b><br>(YYYY-MM-DD)            | 2021 06 23                                                          |
| <b>Site</b><br>(No Abbreviations)                                                                                                                                                                      | Cumberland Regional Health Care Centre | <b>Incident Start Time (24hrs)</b>                    |                                                                     |
| <b>Name</b><br>(Print)                                                                                                                                                                                 | Angela Sangster                        | <b>Position, Department &amp; Contact Information</b> | Site Admin Assistant, Administration<br>Angela.sangster@nshealth.ca |
| <b>Incident/Event</b>                                                                                                                                                                                  | Border Protest Closure                 |                                                       |                                                                     |
| <b>CURRENT SITUATION</b> (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)                                                                         |                                        |                                                       |                                                                     |
| <ul style="list-style-type: none"> <li>Protestors have blocked the NS/NB border and are only allowing minimal traffic through which is impacting health care services in Cumberland County.</li> </ul> |                                        |                                                       |                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CURRENT ISSUES/CHALLENGES</b> (WHAT ACTION NEEDS TO BE TAKEN?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>Call was made to RCMP explaining urgency of situation at the Regional; process is in place to escort staff through border but is inefficient.</li> <li>Cancelled all outpatient services.</li> <li>Environmental scan for staffing impacts:             <ul style="list-style-type: none"> <li>Business office unable to open today - staff is from NB</li> <li>Resource facilitator scheduled for 3:00 from NB</li> <li>Xray techs and CT techs can not get through border, all respiratory scheduled for this evening are from NB</li> <li>Ward clerk for Surgical Unit unable to make it to work</li> <li>Surgical unit LPN unable to get across the border</li> <li>Care coordinators unable to get across border</li> <li>Maintenance worker was stuck but was able to get through - would have been sufficient impact with humidity problems in OR today</li> <li>Mat/child - One staff was unable to get across the border; 1 staff scheduled for tonight is from NB</li> <li>Medical Lab Assistant stuck in border</li> </ul> </li> </ul> |

Signature: \_\_\_\_\_

## CURRENT ISSUES/CHALLENGES (WHAT ACTION NEEDS TO BE TAKEN?)

- 1 physiotherapist from All Saints can not cross border
- 2 Immunizers were unable to get through the border this morning
- Parking lot is full, with traffic that can not cross border, at Immunization Clinic at the Amherst Mall
- Mental Health clinicians from NB working from home
- NP from All Saints working remotely today
- Dietitian from All Saints
- Internal Medicine Physician stuck in border
- Protesters are screening people at the border. Staff spending numerous hours in lineups. Initially were not allowing allied health and support staff through, only physicians and nurses
- Current impact – able to provide care in all areas, outpatient procedures have been cancelled. Coverage plans in place for all services
- Hoping for resolution by end of day
- There is angst felt by staff regarding how they will get home to their families. Hotels have been booked for staff who are unable to get home
- MHA - 15 staff and 2 physicians unable to enter the province. Bulk of appointments were moved to virtual and in-person appointments cancelled (12-15 appointments)
- Public Health – Some immunizers unable to get through. Had to pull staff back from vacation. Transport trucks diverted are now sitting in parking lot of clinic which is forcing patients to have to park further away. Will report back with numbers of cancelled visits/no shows
- Primary Health clinic – 2 Nurse Practitioners sent back home, doing virtual visits.
- Continuing Care – 8 staff live in NB. Hospital based care coordinators were unable to get into province. Have reassigned community based coordinators to hospital. Will plan to do same tomorrow.
- Staff will be coded 'special leave' for pay if unable to get to work for regularly scheduled shift
- Safety message sent to unions that transportation is being provided for staff.
- PAC – one staff was delayed and one unable to make it in. A physician has stepped in to fill this gap.
- No issues with discharging patients at this time. If this becomes an issue, there is flexibility in the building to deal with it

Here is a summary of what is happening with the Amherst Mall Clinic site:

- 2 immunizers unable to cross border – just told to return home and will be coded as PSL
- We were able to fill these vacancies by calling in 1 Occupational Therapist and 1 vacation recall

Signature: \_\_\_\_\_



NSHA Incident Management System

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CURRENT ISSUES/CHALLENGES</b> (WHAT ACTION NEEDS TO BE TAKEN?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"><li>➤ Mall parking lot is filled with transport trucks that were diverted by police – this is impacting parking for clients and there are many 80+ coming back for 2<sup>nd</sup> shots today</li><li>➤ Clinic manager has contacted Amherst PD who will be making a site visit – attempt to move some trucks and allow closer access to clinic entrance for clients</li><li>➤ Asked communications to notify the public that the clinic is still open (via social media and radio), as some are thinking clinic is cancelled</li><li>➤ I have asked for updates on cancelled or no show appointments that may be related to this situation<ul style="list-style-type: none"><li>▪ Supply teams indicated we have about a week's worth of supplies, may have to move items around the province.</li><li>▪ Hotels available for staff.</li><li>▪ Ambulatory Care Clinics scheduled for tomorrow; decision to be made by 7pm on if they need to be cancelled.</li><li>▪ Police were unable to relocate trucks at the Immunization Clinic for more accessible entry. No immunization appointments have been cancelled so far.</li><li>▪ Concerns about staffing levels in various departments for tomorrow*</li></ul></li></ul> |
| <b>ANTICIPATED PRIORITIES/ACTIVITIES</b> (WHAT ARE YOUR AREA'S ANTICIPATED PRIORITIES?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"><li>▪ Site lead to engage with logistics team around supplies and oxygen delivery</li><li>▪ Working on coverage plan for physicians, as there is acute risk for physician coverage. Ask will go out to zone requesting assistance, and then out to other zones if assistance still required.</li><li>▪ CRHCC currently backfilling for NB staff in the event that this continues into tomorrow</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>OTHER COMMENTS/ISSUES</b> (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"><li>• Media briefing at 12:30 today</li><li>• Lifelines will be issued later today. Will include messaging from off health around supports for staff affected</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

\* MDRD

We have 1 staff member that travels from NB daily. She did get in today but is concerned about getting home tonight. Also concerned about the rest of the week. There will be no impact today. I will let you know if we have problems tomorrow and beyond.

Signature: \_\_\_\_\_



## NSHA Incident Management System

### Medical

Staffing impacts for medical day shift today we had a ward clerk unable to cross

Tonight we have one LPN and one ACA from NB

Tomorrow we have one LPN and one ACA on night shift from NB

Making calls for tonight

### Rehab/Restorative

No impacts on RCU.

Rehab impacts include 4 staff – 2 PTS and 2 OTs. Both OTs are community OT so no OT services in community are happening today. 1 PT covers ASSH and the other covers CRHCC.

### Lab

No impact for lab for tonight.

We expect that two lab assistants (1 in ASSH and 1 in Cumberland) will be impacted tomorrow.

Signature: \_\_\_\_\_





## NSHA Incident Management System

### Environmental Services

Staffing levels for EVS the next 24-48 are okay

### Diagnostic Imaging

Impacts on DI today - 1 XRAY tech and 1 CT unable to make it through from NB. CT/XRAY on call for tonight are NB staff and well as Evening XRAY tech.

RT- 2 of 4 made it through the border. On call staff for tonight is NB staff who did not make it this morning.

ECG- one staff member from NB who could not get through. 2 staff still available.

### Women and Children's

WCH- Impacts and potentials

Today- Team lead wasn't able to get through- turned around after 2 hours

Tonight- 1 RN

Tomorrow- team lead and 1 RN nights

Signature: \_\_\_\_\_



**Nutrition and Food Services**

NFS Employee wasn't able to cross, one of our dietitians is still there trying to get through and I've told her to turn around.  
We can manage the staffing impacts for department.

**Maintenance**

No impact to maintenance

**Switchboard/Health Records**

Everything is good for Switchboard and AC Registration for today and tomorrow.

**Emergency/ICU**

ED- ward clerk tonight  
Thursday 2 RNs & ER Physician Day and ward clerk night  
Friday 2 RNs ER physicians Day Er Physician night  
ICU- Internal medicine doc, manager and CPL, 1 RN today  
Thurs- IM doc, Manager and CPL  
Fri- 2 RNs days, IM doc, manager, CPL

Signature: \_\_\_\_\_



**NSHA Incident Management System**

**Ambulatory Care/Surgical/OR**

**AC:**

LPN from NB

(2 RNS remaining)

**SURG:**

1 RN from NB today and will need to get back home and in tomorrow night

OK for night shift tonight

-----

**24th**

3 LPNS from NB

1 RN from NB

(1 RN and 1 LPN with team lead on unit and one RN orientating)

**Day surgery**

OK

Signature: \_\_\_\_\_





## NSHA Incident Management System

### ICU

No issues – fully staffed tonight and tomorrow

#### ER

1 RN and physician from NB on shift now

Nights: ok

24<sup>th</sup>

Physician is from NB and indicated he is not crossing blockade again tomorrow due to experience today.

Surgical is the one concerned about for day shift tomorrow.

Signature: \_\_\_\_\_

2022

Hfx No. 513479

This is Exhibit "D" referred to in the  
Affidavit of Bethany McCormick,  
sworn before me this \_\_\_\_\_ day of  
November 2022.

---

Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia

## Health services, critical supplies affected by border blockade between N.S., N.B.

More than 100 tractor-trailers were backed up at the border before protesters dispersed Wednesday night

CBC News • Posted: Jun 23, 2021 6:21 PM AT | Last Updated: June 23, 2021



The Cumberland Regional Health Care Centre in Amherst, N.S., was providing emergency services only Wednesday as a border protest disrupted the movement of staff and supplies to the facility. (CBC)

Concerns were being raised about the impact a [protest at the Nova Scotia-New Brunswick border](#) was having on the supply chain and the movement of essential workers, including hospital staff, as the highway blockade stretched into its second night Wednesday before being broken up by police.

Protesters descended on the Trans-Canada Highway on Tuesday in response to new isolation and testing rules for people travelling to Nova Scotia from New Brunswick. The rules were announced by Nova Scotia Premier Iain Rankin only hours before the restrictions were expected to be lifted, prompting anger on both sides of the border.

Some traffic began moving again at 9 p.m. AT on Wednesday after dozens of police officers lined up on the roadway to create a barrier between protesters and the highway. RCMP arrested at least two people at the scene.

The border disruption affected health services Wednesday in Amherst, N.S., where the Cumberland Regional Health Care Centre was forced to reduce its services.

Bethany McCormick, the provincial health authority's vice-president of operations for the northern zone, said earlier in the day that protesters were allowing doctors through the border, but not other critical staff.

- [Dozens of truckers left waiting in N.B. for border protest to end](#)
- [Some Nova Scotians applaud government's N.B. border restriction](#)

"It is very important to us that we find a resolution to this blockade so that we can go back to normal services for our patients and families in our communities," she said in an interview.



Bethany McCormick said critical staff at the hospital in Amherst, N.S., were prevented from crossing the border Wednesday. (CBC)

McCormick said it was likely that patients and families seeking care were also being delayed at the border.

John Wright, health services director at the facility, said 125 employees and between 10 and 12 physicians commute to the Amherst hospital from New Brunswick.

Wright said over 110 appointments had already been cancelled for people coming to the centre for echocardiograms, mammograms, and people attending surgical clinics, prenatal appointments and pacemaker clinics.

McCormick said the protest's impacts were far-reaching, noting that colleagues at the IWK Health Centre in Halifax said critical supplies for diagnostic tests were stuck at the border and would soon expire.

**Wider supply chain**

The broader supply chain was also affected by the blockade, said Jean-Marc Picard, the head of the Atlantic Provinces Trucking Association.



The head of the Atlantic Provinces Trucking Association described the situation as 'critical.' (CBC)

Hours before the protesters dispersed, he said stranded truck drivers were growing desperate and the situation had reached a critical point.

"You're going to see shelves going empty," he said in an interview.

"Fuel stations are going to run out of fuel. Pharmacies are going to run out of medicine. Water supply is going to go low. Everything is going."

He said the disruption was on a key artery that connects Atlantic Canada to the rest of the country and the world.

Picard said there were already "hundreds of loads" delayed Wednesday, and further delays could result in weeks of backlog and severe disruptions.

Osborne Burke, president of the Nova Scotia Seafood Alliance, said there were 11 trucks carrying perishable fresh frozen or live lobster stuck at the border crossing Wednesday. He said the average value of the cargo on each truck was around \$500,000.

"You can make your points, but you don't have to shut down the industry altogether to do that," Burke said of the protesters.

**Tourism impact**



The blockade also affected the bottom line of the region's struggling tourism sector, according to David Clarke, general manager of the Atlantica Hotel in Halifax and former head of the Hotel Association of Nova Scotia.

Clarke said he had reports from several hotels that 50 per cent of bookings for this weekend had been cancelled.



Hoteliers say they have already seen weekend bookings drop by 50 per cent as a result of the border protest. (CBC)

He said the hotel sector has been able to keep afloat because of federal and provincial programs, but they are already winding down.

"We're in a very difficult position to continue at these levels of occupancy," he said.

Clarke said he was fearful consumers worried about changing restrictions would start to book their vacations in New Brunswick, Prince Edward Island or Newfoundland and Labrador.

2022

Hfx No. 513479

This is Exhibit "E" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_ day of November 2022.

---

Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia

Below is a high-level timeline of the activities in the northern zone of Nova Scotia Health in preparation and response to blockades on January 23<sup>rd</sup>, 2022.

| Incident of Jan 23 2022                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Timeline                                     | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Approximately 5-7 days prior to Jan 23, 2022 | Nova Scotia Health was notified of possible highway blockade. VP of zone, Bethany McCormick ensured Nova Scotia Health duty officer is notified. VP initiates notifications in zone and planning commences.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Approximately 5-7 days prior to Jan 23, 2022 | <p>Nova Scotia Health VP ensured team leadership participated in planning calls with partners. Nova Scotia Health participated in planning calls with provincial EMO, Justice, EHS, etc. Information exchange occurs in the virtual meetings.</p> <p>Areas of concern in NSH, where mitigations were considered include:</p> <ul style="list-style-type: none"> <li>- Travel Routes</li> <li>- Staffing levels / plans</li> <li>- Supplies</li> <li>- Incident Management Response</li> <li>- Communications</li> <li>- Safety</li> <li>- Patient Care Services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Approximately 5-7 days prior to Jan 23, 2022 | <p>Nova Scotia Health preparations continue. Each category below requires Nova Scotia Health to anticipate impacts and reduce risk to patients, staff, and physicians in the event the blockade occurs. Actions in advance of and during the incident are detailed below</p> <p>Travel routes across border:</p> <ul style="list-style-type: none"> <li>- Confirm with RCMP and EMO plan for safe travel across border</li> <li>- Verify specific routes, timing, or identifications requirements for staff and physicians</li> <li>- Communicate this information to all impacted staff and physicians.</li> <li>- Remain in contact with RCMP and EMO during the incident in case the situation changes</li> </ul> <p>Staffing:</p> <ul style="list-style-type: none"> <li>- Verify specific staff and physicians scheduled for work.</li> <li>- For those who live in NB offer accommodations in NS before and after shift.</li> <li>- Book hotel spaces. Cost covered by Nova Scotia Health.</li> <li>- Consider changing persons scheduled to include more staff and physicians who live on Nova scotia side of the border</li> <li>- Check on call schedules for physicians, ensure access to site for on-call physicians is planned</li> <li>- Create a list of all staff and physicians who may need to cross border to come to/from work. Provide list to RCMP in advance</li> <li>- Have contact information for all staff at the ready</li> <li>- Ensure there is a back-up plan in the event of sick calls, or an inability of staff or physicians to arrive to the site.</li> </ul> <p>Supplies</p> |



|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>- Take stock of all essential supply and determine if levels are appropriate to last through incident.</li> <li>- Ensure no critical deliveries are anticipated during blockade period.</li> <li>- Reschedule delivery of supply as needed to occur outside the blockade period.</li> <li>- Stock up on any supplies in advance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|  | <p><b>Incident Management Approach</b></p> <ul style="list-style-type: none"> <li>- To support staff, physicians, patients and to enable timely response during blockade period an incident management approach is used.</li> <li>- A schedule is created to have additional leadership on site during the blockade period – this was needed as the incident was occurring on a weekend.</li> <li>- An incident management team is also prepared to meet during the incident period to coordinate the incident response.</li> <li>- A Nova Scotia Health incident management lead was named and communicated to RCMP, EMO and other partners. This person served as the key point of contact during the blockade</li> </ul>                                                                                                                                                                                                                                                                                                                     |
|  | <p><b>Communications</b></p> <ul style="list-style-type: none"> <li>- Northern zone leadership connected with staff and physicians on personal levels, through emails, and memos to convey relevant information in advance of the planned blockade.</li> <li>- Communications team initiated media monitoring in advance and during the incident</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|  | <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>- Information was shared with staff and physicians about where to best cross the border</li> <li>- Levels of security in the Cumberland Regional Health Care Centre, and community locations were assessed, and elevated if warranted.</li> <li>- Staff were reminded of the availability of Employee and Family Assistance program should support be desired or needed due to the stress of the situation.</li> <li>- On site leadership present during the incident</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|  | <p><b>Patient Care Services</b></p> <ul style="list-style-type: none"> <li>- Teams assessed the patient appointments and procedures schedule during the anticipate blockade period.</li> <li>- Any high priority appointments were rescheduled (if possible) to occur prior to the schedule blockade period</li> <li>- Because the blockade was to occur on the weekend no planned surgeries were impacted, however, transportation of patients from Cumberland Regional to New Brunswick / Moncton for services could be impacted. It is common for patients from Nova Scotia are transferred to New Brunswick for cardiac care, neurological care, renal care, etc.</li> <li>- Nova Scotia Health ensured communications with EHS were clearly established in advance of the blockade and during the incident to prioritize transportation of patients and ambulance offloads.</li> <li>- An evaluation of the COVID testing centres and vaccination clinics scheduled on the day of the blockade was completed. It was determined</li> </ul> |

|             |                                                                                                                                                                                                                                                                               |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | that services would continue as scheduled; but security was enhanced, and staffing plans reviewed.                                                                                                                                                                            |
| Jan 22 2022 | Site and Zone re-confirm incident management plans in place for day of planned blockade.                                                                                                                                                                                      |
| Jan 23 2022 | A designated manager worked on site. The manager maintained situational awareness and was able to escalate concerns to the site Incident Management team as required throughout the day. Open channels of communication with EHS, RCMP and EMO maintained throughout the day. |
| Jan 23 2022 | Site incident management team stood down at approximately 1900 Jan 23rd                                                                                                                                                                                                       |
| Jan 24-26   | Debrief with site lead and on call manager who was on site during incident. Record lessons learned to ensure these are considered for the next incident of this nature                                                                                                        |

Prepared on September 18<sup>th</sup>, 2022

Prepared by Bethany McCormick, Vice President Operations -Northern Zone



2022

Hfx No. 513479

This is Exhibit "F" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_ day of November 2022.

---

Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia



NSHA Incident Management System

SITUATION REPORT (SITREP)

|                                         |                          |                                               |                           |
|-----------------------------------------|--------------------------|-----------------------------------------------|---------------------------|
| Zone Location<br>(EZ, CZ, NZ, WZ, NSHA) | Northern Zone            | Incident Number<br>(Zone, YYYY-MM-DD)         | Northern Zone, 2022-01-23 |
| Response Level<br>(EOC, IMT, CP)        | Incident Management Team | Incident Start Date<br>(YYYY-MM-DD)           | 2022-01-23                |
| Site<br>(No Abbreviations)              | CRHCC                    | Incident Start Time (24hrs)                   | 1400                      |
| Name<br>(Print)                         | Christopher Dunkley      | Position, Department &<br>Contact Information | Emergency Preparedness    |
| Incident/Event                          | NS/NB Border Protest     |                                               |                           |

CURRENT SITUATION (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)

- Local RCMP reported around noon that gathering had begun in the Amherst Canadian Tire parking lot
- NZ Comms reported that there are news reports coming in from CBC (will share any info to IMT)
- VP On-call called Duty Officer of Health and not hearing of much information from provincial EMO

CURRENT ISSUES/CHALLENGES (WHAT ACTION NEEDS TO BE TAKEN?)

- No issues or challenges at the time of call (will continue to monitor)

ANTICIPATED PRIORITIES/ACTIVITIES (WHAT ARE YOUR AREA'S ANTICIPATED PRIORITIES?)

- Staffing changes could be a concern if the protest continues into the morning
  - OBS would be a concern (Site Lead to provide names of 2 OBS employees to RCMP)
  - Site Manager to collect names for shift change in the morning (will work with RF to collect list)
  - NOTE: There will be no issues if one lane remains open at the border crossings

OTHER COMMENTS/ISSUES (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)

- Next IMT meeting scheduled for Sunday, Jan 23<sup>rd</sup> @ 1800



## NSHA Incident Management System

## SITUATION REPORT (SITREP)

|                                                |                                      |                                                       |                           |
|------------------------------------------------|--------------------------------------|-------------------------------------------------------|---------------------------|
| <b>Zone Location</b><br>(EZ, CZ, NZ, WZ, NSHA) | Northern Zone                        | <b>Incident Number</b><br>(Zone, YYYY-MM-DD)          | Northern Zone, 2022-01-23 |
| <b>Response Level</b><br>(EOC, IMT, CP)        | Incident Management Team             | <b>Incident Start Date</b><br>(YYYY-MM-DD)            | 2022-01-23                |
| <b>Site</b><br>(No Abbreviations)              | CRHCC                                | <b>Incident Start Time (24hrs)</b>                    | 1400                      |
| <b>Name</b><br>(Print)                         | Christopher Dunkley                  | <b>Position, Department &amp; Contact Information</b> | Emergency Preparedness    |
| <b>Incident/Event</b>                          | NS/NB Border Protest (Check-in 1800) |                                                       |                           |

**CURRENT SITUATION** (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)

- Traffic flow looks to be improving based on online traffic flow map
- Site Lead received report from RCMP Cst @ ~ 1825 reporting they are finishing up their patrol of the protest area and traffic flow should be back to normal shortly.
- Terri-Lynn to report any issues with CRHCC shift change to IMT group after 1900

**CURRENT ISSUES/CHALLENGES** (WHAT ACTION NEEDS TO BE TAKEN?)

- No issues or challenges at the time of call (will continue to monitor)

**ANTICIPATED PRIORITIES/ACTIVITIES** (WHAT ARE YOUR AREA'S ANTICIPATED PRIORITIES?)**OTHER COMMENTS/ISSUES** (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)

- No further IMT Check-ins scheduled

Signature: \_\_\_\_\_

2022

Hfx No. 513479

This is Exhibit "G" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_\_ day of November 2022.

---

Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia

Below is a high-level timeline of the activities in the northern zone of Nova Scotia Health in preparation and response to blockades on January 29<sup>th</sup>, 2022.

| Incident of Jan 29 <sup>th</sup> 2022        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Timeline                                     | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Approximately 5-7 days prior to Jan 29, 2022 | Nova Scotia Health was notified of possible highway blockade. VP of zone, Bethany McCormick ensured Nova Scotia Health duty officer is notified. VP initiates notifications in zone and planning commences.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Approximately 5-7 days prior to Jan 29, 2022 | <p>Nova Scotia Health VP ensured team leadership participated in planning calls with partners. Nova Scotia Health participated in planning calls with provincial EMO, Justice, EHS, etc. Information exchange occurs in the virtual meetings.</p> <p>Areas of concern in NSH, where mitigations were considered include:</p> <ul style="list-style-type: none"> <li>- Travel Routes</li> <li>- Staffing levels / plans</li> <li>- Supplies</li> <li>- Incident Management Response</li> <li>- Communications</li> <li>- Safety</li> <li>- Patient Care Services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Approximately 5-7 days prior to Jan 29, 2022 | <p>Nova Scotia Health preparations continue. Each category below requires Nova Scotia Health to anticipate impacts and reduce risk to patients, staff, and physicians in the event the blockade occurs. Actions in advance of and during the incident are detailed below</p> <p>Travel routes across border:</p> <ul style="list-style-type: none"> <li>- Confirm with RCMP and EMO plan for safe travel across border</li> <li>- Verify specific routes, timing, or identifications requirements for staff and physicians</li> <li>- Communicate this information to all impacted staff and physicians. Remain in contact with RCMP and EMO during the incident in case the situation changes</li> </ul> <p>Staffing:</p> <ul style="list-style-type: none"> <li>- Verify specific staff and physicians scheduled for work.</li> <li>- For those who live in NB offer accommodations in NS before and after shift.</li> <li>- Book hotel spaces. Cost covered by Nova Scotia Health.</li> <li>- Consider changing persons scheduled to include more staff and physicians who live on Nova scotia side of the border</li> <li>- Check on call schedules for physicians, ensure access to site for on-call physicians is planned</li> <li>- Create a list of all staff and physicians who may need to cross border to come to/from work. Provide list to RCMP in advance</li> <li>- Have contact information for all staff at the ready</li> <li>- Ensure there is a back-up plan in the event of sick calls, or an inability of staff or physicians to arrive to the site.</li> <li>-</li> </ul> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|  | <b>Supplies</b> <ul style="list-style-type: none"> <li>- Take stock of all essential supply and determine if levels are appropriate to last through incident.</li> <li>- Ensure no critical deliveries are anticipated during blockade period.</li> <li>- Reschedule delivery of supply as needed to occur outside the blockade period.</li> <li>- Stock up on any supplies in advance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|  | <b>Incident Management Approach</b> <ul style="list-style-type: none"> <li>- To support staff, physicians, patients and to enable timely response during blockade period an incident management approach is used.</li> <li>- A schedule is created to have additional leadership on site during the blockade period – this was needed as the incident was occurring on a weekend.</li> <li>- An incident management team is also prepared to meet during the incident period to coordinate the incident response.</li> <li>- A Nova Scotia Health incident management lead was named and communicated to RCMP, EMO and other partners. This person served as the key point of contact during the blockade</li> </ul>                                                                                                                                                                                                                                                                                                                         |
|  | <b>Communications</b> <ul style="list-style-type: none"> <li>- Northern zone leadership connected with staff and physicians on personal levels, through emails, and memos to convey relevant information in advance of the planned blockade.</li> <li>- Communications team initiated media monitoring in advance and during the incident</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|  | <b>Safety</b> <ul style="list-style-type: none"> <li>- Information was shared with staff and physicians about where to best cross the border</li> <li>- Levels of security in the Cumberland Regional Health Care Centre, and community locations were assessed, and elevated if warranted.</li> <li>- Staff were reminded of the availability of Employee and Family Assistance program should support be desired or needed due to the stress of the situation.</li> <li>- On site leadership present during the incident</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|  | <b>Patient Care Services</b> <ul style="list-style-type: none"> <li>- Teams assessed the patient appointments and procedures schedule during the anticipate blockade period.</li> <li>- Any high priority appointments were rescheduled (if possible) to occur prior to the schedule blockade period</li> <li>- Because the blockade was to occur on the weekend no planned surgeries were impacted, however, transportation of patients from Cumberland Regional to New Brunswick / Moncton for services could be impacted. It is common for patients from Nova Scotia are transferred to New Brunswick for cardiac care, neurological care, renal care, etc.</li> <li>- Nova Scotia Health ensured communications with EHS were clearly established in advance of the blockade and during the incident to prioritize transportation of patients and ambulance offloads.</li> <li>- An evaluation of the COVID testing centres and vaccination clinics scheduled on the day of the blockade was completed. Hours of service were</li> </ul> |



|              |                                                                                                                                                                                                                                                                                                                                                   |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | adjusted in accordance with Nova Scotia Health's typical inclement weather plan given a large winter storm was anticipated.                                                                                                                                                                                                                       |
| Jan 28 2022  | Site and Zone re-confirm incident management plans in place for day of planned blockade.                                                                                                                                                                                                                                                          |
| Jan 29 2022  | A designated manager worked on site. The manager maintained situational awareness and was able to escalate concerns to the site Incident Management team as required throughout the day. Open channels of communication with EHS, RCMP and EMO maintained throughout the day. 3 Incident management check-in calls occurred 1130, 1400, and 1700. |
| Jan 29 2022  | Site incident management team stood down at approximately 1900 Jan                                                                                                                                                                                                                                                                                |
| Jan 30-Feb 3 | Debrief with site lead and on call manager who was on site during incident. Record lessons learned to ensure these are considered for the next incident of this nature.                                                                                                                                                                           |

Prepared on September 18<sup>th</sup>, 2022

Prepared by Bethany McCormick, Vice President Operations -Northern Zone



2022

Hfx No. 513479

This is Exhibit "H" referred to in the Affidavit of Bethany McCormick, sworn before me this \_\_\_\_ day of November 2022.

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Mark V. Rieksts  
A Barrister of the Supreme Court of  
Nova Scotia

| SITUATION REPORT (SITREP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                               |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------|--|
| Zone Location<br>(EZ, CZ, NZ, WZ, NSHA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Northern Zone                             | Incident Number<br>(Zone, YYYY-MM-DD)         | Northern Zone, 2022-01-29      |  |
| Response Level<br>(EOC, IMT, CP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Incident Management Team                  | Incident Start Date<br>(YYYY-MM-DD)           | 2022-01-29                     |  |
| Site<br>(No Abbreviations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CRHCC                                     | Incident Start Time (24hrs)                   | 1300                           |  |
| Name<br>(Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Christopher Dunkley                       | Position, Department &<br>Contact Information | Emergency Preparedness Manager |  |
| Incident/Event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NS/NB Border Protest (Check-in #1 @ 1130) |                                               |                                |  |
| CURRENT SITUATION (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                               |                                |  |
| <ul style="list-style-type: none"> <li>RCMP reports blockade still going ahead for 1pm and plan to last 24 hours (truck showing up at time of call)</li> <li>Heavy RCMP presence on Mt. Whatley Rd to ensure right of passage for essential workers and emergency personnel</li> <li>Heavy RCMP presence on highway to limit any disruption and enforce order on blockade ban</li> <li>EHS is a part of RCMP Command Post</li> <li>Tidnish border passage still not anticipated to be blocked</li> <li>Staff have arranged accommodations on NS side of border</li> <li>ED Managing well</li> <li>1 transfer to ARH</li> <li>1 OBS procedure scheduled for later in day (Site and staff prepared to receive)</li> </ul> |                                           |                                               |                                |  |
| CURRENT ISSUES/CHALLENGES (WHAT ACTION NEEDS TO BE TAKEN?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                               |                                |  |
| <ul style="list-style-type: none"> <li>No issues or challenges noted at time of call</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                               |                                |  |
| ANTICIPATED PRIORITIES/ACTIVITIES (WHAT ARE YOUR AREA'S ANTICIPATED PRIORITIES?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                               |                                |  |
| <ul style="list-style-type: none"> <li>Media enquires will go to Nova Scotia Health Media On-call (a team is available)</li> <li>Internal memo can be shared to media if needed (Eileen will send memo to media on-call)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                               |                                |  |

Signature: \_\_\_\_\_



## NSHA Incident Management System

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| <b>OTHER COMMENTS/ISSUES (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)</b> |
|---------------------------------------------------------------------------------------------------|

- |                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Next IMT check-in scheduled for today at 1400.</li></ul> |
|--------------------------------------------------------------------------------------------------|

Signature: \_\_\_\_\_



NSHA Incident Management System

| SITUATION REPORT (SITREP)                                                                                                                                                                                                                                                                                                                             |                                           |                                               |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------|--|
| Zone Location<br>(EZ, CZ, NZ, WZ, NSHA)                                                                                                                                                                                                                                                                                                               | Northern Zone                             | Incident Number<br>(Zone, YYYY-MM-DD)         | Northern Zone, 2022-01-29      |  |
| Response Level<br>(EOC, IMT, CP)                                                                                                                                                                                                                                                                                                                      | Incident Management Team                  | Incident Start Date<br>(YYYY-MM-DD)           | 2022-01-29                     |  |
| Site<br>(No Abbreviations)                                                                                                                                                                                                                                                                                                                            | CRHCC                                     | Incident Start Time (24hrs)                   | 1300                           |  |
| Name<br>(Print)                                                                                                                                                                                                                                                                                                                                       | Christopher Dunkley                       | Position, Department &<br>Contact Information | Emergency Preparedness Manager |  |
| Incident/Event                                                                                                                                                                                                                                                                                                                                        | NS/NB Border Protest (Check-in #2 @ 1400) |                                               |                                |  |
| CURRENT SITUATION (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)                                                                                                                                                                                                                               |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li>No updates from RCMP (they would reach out only if significant updates)<ul style="list-style-type: none"><li>MOC / Site Lead to reach out before next call if haven't heard from them yet (will share with IMT if updates are provided)</li></ul></li><li>Site dealing with ED Patient related issues</li></ul> |                                           |                                               |                                |  |
| CURRENT ISSUES/CHALLENGES (WHAT ACTION NEEDS TO BE TAKEN?)                                                                                                                                                                                                                                                                                            |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li>No issues or challenges noted at time of call</li></ul>                                                                                                                                                                                                                                                         |                                           |                                               |                                |  |
| ANTICIPATED PRIORITIES/ACTIVITIES (WHAT ARE YOUR AREA'S ANTICIPATED PRIORITIES?)                                                                                                                                                                                                                                                                      |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li></li></ul>                                                                                                                                                                                                                                                                                                      |                                           |                                               |                                |  |
| OTHER COMMENTS/ISSUES (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)                                                                                                                                                                                                                                                            |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li>Next IMT check-in scheduled for today at 1700.</li></ul>                                                                                                                                                                                                                                                        |                                           |                                               |                                |  |

Signature: \_\_\_\_\_



NSHA Incident Management System

| SITUATION REPORT (SITREP)                                                                                                                                                                                                                                             |                                           |                                               |                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------|--|
| Zone Location<br>(EZ, CZ, NZ, WZ, NSHA)                                                                                                                                                                                                                               | Northern Zone                             | Incident Number<br>(Zone, YYYY-MM-DD)         | Northern Zone, 2022-01-29      |  |
| Response Level<br>(EOC, IMT, CP)                                                                                                                                                                                                                                      | Incident Management Team                  | Incident Start Date<br>(YYYY-MM-DD)           | 2022 01-29                     |  |
| Site<br>(No Abbreviations)                                                                                                                                                                                                                                            | CRHCC                                     | Incident Start Time (24hrs)                   | 1300                           |  |
| Name<br>(Print)                                                                                                                                                                                                                                                       | Christopher Dunkley                       | Position, Department &<br>Contact Information | Emergency Preparedness Manager |  |
| Incident/Event                                                                                                                                                                                                                                                        | NS/NB Border Protest (Check-in #3 @ 1700) |                                               |                                |  |
| CURRENT SITUATION (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)                                                                                                                                               |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li>RCMP report approx. 17 cars &amp; trucks in Aulac (Big Stop), appears they are the only protestors in vicinity</li><li>RCMP presence will continue tonight and tomorrow</li><li>Staffing at CRHCC is good for tonight</li></ul> |                                           |                                               |                                |  |
| CURRENT ISSUES/CHALLENGES (WHAT ACTION NEEDS TO BE TAKEN?)                                                                                                                                                                                                            |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li>No issues or challenges noted at time of call</li></ul>                                                                                                                                                                         |                                           |                                               |                                |  |
| ANTICIPATED PRIORITIES/ACTIVITIES (WHAT ARE YOUR AREA'S ANTICIPATED PRIORITIES?)                                                                                                                                                                                      |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li></li></ul>                                                                                                                                                                                                                      |                                           |                                               |                                |  |
| OTHER COMMENTS/ISSUES (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)                                                                                                                                                                            |                                           |                                               |                                |  |
| <ul style="list-style-type: none"><li>Will receive update from Site Lead/MOC in the morning as to if we need to continue with IMT Check-ins or have Manager presence onsite.</li></ul>                                                                                |                                           |                                               |                                |  |

Signature: \_\_\_\_\_